

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY



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RPSGB sets out pay models for discussion

*Plymouth HAZ aims
for pharmacist
prescribing*

*Proposals agreed
for cannabis study*

*UniChem sales
force to promote
Numark concept*

*Moss enjoys benefits
of AmEx card deal*



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to the future NHS***

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"Nicotine withdrawal is a recognised organic mental disorder."¹



References: 1. American Psychiatric Association: The Diagnostic and Statistical Manual of Mental Health Disorders, fourth edition 1994.

Product Information: Nicorette Microtab. **Presentation:** Nicotine B-cyclodextrin complex 17.4 mg, equivalent to 2 mg nicotine. **Indications:** Intended to help smokers who want to give up smoking, but who experience difficulty in doing so owing to their dependence on nicotine. **Dosage:** *Adults and elderly:* The tablet is used sub-lingually with a recommended dose of one tablet per hour or, for heavy smokers (more than 20 cigarettes per day), two tablets per hour. Most smokers require 8-12 or 16-24 tablets per day, not to exceed 40 tablets. Duration of treatment is individual but between 3 and 6 months is recommended. The nicotine dose should be gradually reduced by decreasing the total number of tablets used per day. Treatment should be stopped when daily consumption is down to one or two tablets. *Children:* contra-indicated

below age 18 years. **Contra-indications:** Pregnancy. **Special warnings and precautions:** Angina pectoris, peptic ulcer, recent myocardial infarction, serious cardiac arrhythmia, hypertension, peripheral vascular disease or hepatic, renal or gastric disease. **Interactions:** Dose of some drugs may need adjusting – see leaflet. **Side effects:** Most commonly mouth irritation, hiccups, nausea, dizziness, unpleasant taste, headache, sensation of throat. **Pharmaceutical Precautions:** Do not store above 30°C. **Legal category:** [P]. **quantities and cost:** 30 - Starter Pack (£3.57); 105s - Refill Pack £9.84. (Trade price at time of going to press). **PL Holder:** Pharmacia & Upjohn Limited, Davy Avenue, Milton MK5 8PH. Tel 01908 661101. (PL00032/0239). **Date of preparation:** December 1998



Who has the latest thinking in NRT?

When people stop smoking their addiction to nicotine can cause withdrawal symptoms. These, as with any addiction, are easier to manage if treated properly.

The Nicorette® Microtab is a new way of thinking about this problem. As the first NRT available in a slow release sublingual tablet, it is a unique alternative to effectively relieve withdrawal symptoms from nicotine.

And with its ingenious formulation, new Nicorette® Microtab offers a discreet, flexible option for any smoker in any situation.

For more information on the latest thinking in NRT Freephone 0800 2 GIVE UP (0800 2 4483 87).



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the secret
behind the
phenomenal
growth of
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Your recommendation and our support

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In fact, your recommendations have helped sales grow by an incredible 60% over the last four years³.

Meltus is the only major range of cough medicines with a product for all types of cough, and every member of the family, including babies from 3 months.

With an eye-catching National TV campaign running throughout December, featuring an exciting ALL-NEW commercial, plus our superb deals, sales of Meltus are bound to be blooming marvellous - and that's no fairytale!

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TV
THIS WINTER**

MELTUS
Helps Melt Away Coughs - **Fast**

Seton Scholl
Healthcare plc

Meltus is a Trade Mark of Seton Scholl.

ADULT MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral liquid. Each 5ml contains 100mg Guiofenesis BP, 2.5mg Cetylpyridinium Chloride BP, 1.75g Sucrose BP, 0.5g Purified Honey BP. Indications: For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. Dosage and Administration: Adults and Children aged 12 years and over, one or two 5ml spoonfuls to be taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. Contraindications, Warnings, etc: Contraindications: None known. Warnings: Not suitable for children under 12 years. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. This formulation is not suitable for adults. Side effects: None known. Legal Category: GSL. Packs: 100ml and 200ml. Price: 100ml £2.51 excl VAT, 200ml £3.73 excl VAT. P.L. Number: 0338/5026R. P.L. Holder: Cupal Limited, King Street, Blackburn, BB2 2DX. Date of Preparation: July 1998. Further information is available on request from Seton Scholl Healthcare plc, Tubiton House, Oldham OL1 3HS.

JUNIOR MELTUS SUGAR & COLOUR FREE EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral liquid. Each 5ml contains 50mg Guiofenesis BP, 2.5mg Cetylpyridinium Chloride BP, Alcohol. Indications: For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. Dosage and Administration: To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls. Children 1-6 years, one 5ml spoonful. Children under 1 year: On medical advice only. Contraindications, Warnings, etc: Contraindications: None known. Warnings: Children under one year on medical advice only. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. This formulation is not suitable for adults. Side effects: None known. Legal Category: GSL. Packs: 100ml. Price: £2.26 excl VAT. P.L. Number: 0338/0086. P.L. Holder: Cupal Limited, King Street, Blackburn BB2 2DX. Date of Preparation: July 1998. Further information is available on request from Seton Scholl Healthcare plc, Tubiton House, Oldham OL1 3HS.

¹ Independent Audit MAT December 1997, ² Counterpoint Q4 1997 and Q1 1998 aggregated, ³ Independent Audit MAT December 1993 - December 1997

CHEMIST & DRUGGIST

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COMMENT

Has Numark 'sold its soul to the devil' in getting UniChem to promote the Numark concept to its 4,500 pharmacy customers, and to distribute products to shareholders around the UK? Numark would say that question is ridiculous. It argues the deal is a recruitment opportunity which could attract 300-1,000 pharmacies into the co-operative's fold. The move, however, is a kick in the teeth for Numark's regional wholesalers, although the group stresses they will still be treated no differently to UniChem. While the regionals claim their customers will remain loyal, they are bound to lose some trade. Numark's agenda, though, might have been driven by consolidation among pharmaceutical wholesalers. With Phoenix recently acquiring two former Numark distributors and no doubt seeking to buy more, Numark's distribution network could have become vulnerable. UniChem's patronage guarantees a nationwide service, no matter what happens elsewhere. Some believe Numark's image as a champion of independent pharmacy - a third force to counteract the big two wholesalers - will suffer. The question is whether independents agree. Many have reconciled the moral dilemma of using AAH or UniChem. The recruitment vision may not be as rosy as Numark thinks. Less clear cut is how the deal benefits UniChem. It says Numark pharmacies have higher turnovers than non-affiliated pharmacies, and they tend to order mainly through major wholesalers, not shortliners. Looking much further ahead, Numark might have made an astute move. It has a long-term dream to establish 50,000 Numark pharmacies in Europe, making it the world's largest pharmacy co-operative. Terry Norris, its managing director, agrees it could use UniChem's distribution links with customers around the continent to achieve this ambition. No doubt UniChem would be glad to help.

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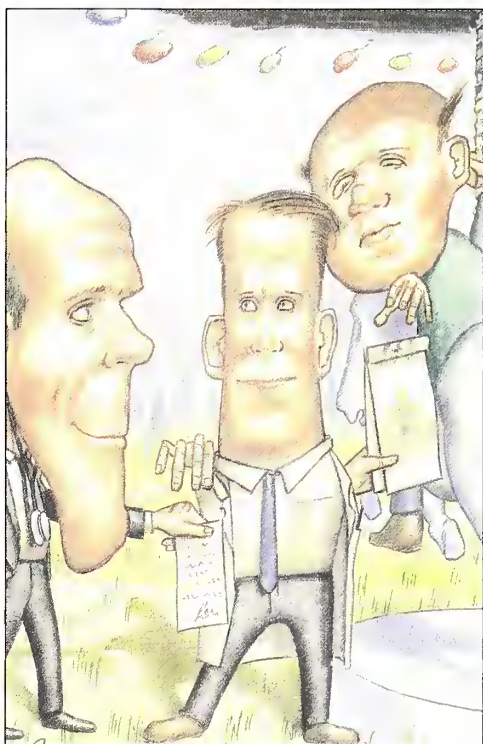
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Terry Norris (right) believes the deal could boost its membership by up to 1,000

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All stores - except two - to accept the credit card

With this issue

Update MCQ paper for December modules. Don't forget to phone in your answers by February 8



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RPSGB outlines potential models of remuneration



The Royal Pharmaceutical Society has suggested alternative ways of paying community pharmacists in a document, being circulated for debate this week.

It proposes 'more responsive' remuneration systems that would use the pharmacist's potential more fully and improve job satisfaction through the development of new roles.

The document warns that, if the present system continues, other supply systems will be introduced which would threaten the pharmacy network. The resulting wide scale loss of pharmacies "would be detrimental to patient wellbeing".

The document - 'Models of remuneration for pharmaceutical services' - is being sent to the Department of Health, and the Scottish and Welsh Offices as well as other pharmacy organisations. It says that the present system acts as a disincentive for pharmacists to be involved in the rationalisation of prescribed medicines.

"A balance needs to be struck between remunerating pharmacists for the supply function and for the professional services ... which pharmacists can provide."

The Society working group, which compiled the document, proposed 12 new models and suggested any new system should feature five principles:

- the ability to demonstrate quality outcomes and value for money
- clinical governance, with the safeguarding of high standards of care
- improved patient care by the extension of pharmaceutical care, continuity of care and promotion of professional development
- safeguarding public access to quality pharmaceutical services
- encouragement of improved standards in pharmacies and development of services to benefit patients.

A new model could be tested against these principles by asking: does it provide consistent quality outcomes, encourage new roles, facilitate continuity of care, optimise access to healthcare and improve standards in pharmacies?

The following are the proposed models for debate. All, apart from number 12 and the current system, could comply with the above principles.

1. Optimising global sum distribution to enhance delivery of existing core services

Redistribution could deal with aspects of the current system that do not adequately enhance patient care or maximise access to pharmaceutical services. A substantial proportion of the global sum would continue to be linked to prescription volumes.

A part could be linked to enhancing pharmacy infrastructure, for example, allowances for a dispensing technician or consultation area. Part could reward

specific professional interventions resulting in improved quality outcomes. Other parts could optimise access to services in areas of deprivation or need, or encourage pharmacies to merge in concentrated areas.

2. Pharmacy registration for patients with special needs

A capitation fee would be paid for non-core activities linked to special needs patients such as those with diabetes or epilepsy, the confused or elderly.

Patients would register with a pharmacy which would provide all or some specific services. Funding would not come from the global sum but from other healthcare and non-healthcare sources. This system should produce better medicines management and overall savings on healthcare costs, but pharmacies would need to be on the NHSnet and it might be hard to find pharmacists to provide specialist services.

3. Support from other sources

The health authority or board could make local payments for some non-core pharmaceutical and professional activities not related to medication supply. Pharmacies could bid for payments from social services budgets, for services involving social care.

The pharmaceutical industry might support services such as smoking cessation, contraception or advice to specific patients, or pay for initial patient counselling at the start of treatment.

4. Private/public partnerships

Pharmacies entering into such partnerships might provide all or some services in an area, with pharmacists paid a salary for their services. Models

could include health centre pharmacies, advice centres in PCGs and non-supply pharmacists.

5. Development of new roles through wider efficiency savings

NHS funds would be reallocated to pay for pharmaceutical services from savings made through pharmacist involvement. Pharmacists would help rationalise prescribing and would use their greater contact time to improve patient care.

6. Development of non-core specialist services

Pharmacists providing such services, for example to drug misusers or cancer patients, could be paid from non-NHS sources such as agencies.

7. Salaried service

Pharmacists could choose to receive a salary from the NHS or to provide a non-salaried contract based service.

8. Co-payment

Patients might opt to pay for some or all additional, non-core activities such as medicines review or monitored dosage. With core activities the patient might pay the cost of medication or part of it, possibly with help from insurance. But patients would not be able to obtain 'free' services when most needed and low earners would be disadvantaged.

9. Patient registration with a pharmacy

All patients would register and pharmacies would receive a uniform capitation fee. However, there could be funding problems and a reduction in patient choice, although access to patient information through IT networking would give greater flexibility.

10. Weighted total capitation

Every patient would be registered, but the payment per patient would be determined after assessing patient need. A pharmaceutical assessment of every patient would be complex but would improve patient care. Additional funding might be required for patients needing particular services.

11. Remote dispensing

Medicines would be assembled in a remote location and supplied directly to the patient by the pharmacist. Services have developed in the US using the internet, mail order and telephone support.

12. No agreed rates for core activities

The system in which the Government settles a national pharmacy contract would be abolished, creating a free-for-all for contract negotiation.

Contracts would be awarded to the pharmacy providing the best and most cost-effective services. But smaller pharmacies could be severely disadvantaged and pharmacies would have to subsidise NHS dispensing with other non-contract activities.

The working group believes all models except 12 should be developed.

The RPSGB's head of practice, Roger Odd, told *C&D* this week that the Society hoped the health departments would review the proposals in consultation with the various bodies in pharmacy. The document is not being sent to all pharmacists, but if individuals wished to comment "we would be delighted to hear from them".

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried during December '98:

- Salt and health (1110)
- Nutrition in pregnancy (1111)
- Hearing disorders (1112).

Pharmacy Update is a distance learning programme and is accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply). Internet users can catch up by accessing the dotpharmacy site (<http://www.dotpharmacy.com>) which has a library of previous modules and questionnaires.

A telephone marking service is available for a fee of £15 plus VAT. A certificate is issued to verify the hours of continuing education achieved.

Pharmacy Update is supported by Genus Pharmaceuticals.

Few surprises expected in DoH strategy paper

Pharmacists expect few surprises in health secretary Frank Dobson's forthcoming strategy paper on community pharmacy, suggests *C&D's* business trends survey for the quarter July-September 1998.

Seventy-seven per cent of the panel expect the paper to endorse fraud checks. Sixty-five per cent predict Mr Dobson will ask pharmacies to become more involved in health promotion; and just under half believe the paper will propose that they should provide prescribing/formulary advice to GPs and primary care groups.

The strategy paper is expected to be unveiled in spring, following months of delay. See p42 for details.

C&D's Quarterly Business Trends survey is sponsored by UniChem.



Plymouth HAZ aiming for pharmacist prescribing

Plymouth Health Action Zone is seeking an exemption from NHS regulations to allow pharmacist prescribing.

In the implementation plan, being finalised this month prior to going live in April, the HAZ says it "will seek freedom from the constraint of the current regulations to explore new ways of working for community pharmacists to allow them to 'prescribe' and manage medicines in new ways". This should reduce costs and bureaucracy and improve services for patients, it hopes.

The HAZ recognises that community pharmacists are "hampered" by the regulatory framework, preventing them "from developing services that make more appropriate use of their skill and expertise".

Among the HAZ's aims are for community pharmacy to explore expanded roles and shared facilities, to look at potential freedoms around prescribing and dispensing initiatives, and to develop a city-wide medication management system for vulnerable individuals. To do this will require a detailed work programme jointly agreed by pharmacists, the HAZ and the co-terminous primary care group.

Targets to be set include the development of new roles "which minimise bureaucracy and enhance the use of professional skills". In addition, it wants to instigate pilot schemes, using requested freedoms to develop new ways of working.

By May, a medication management pilot should be in place. By June, a

joint assessment of vulnerable older people who would benefit from a medicines management service should have been agreed.

Targets in this area will include a reduction in self-administered medication errors and improved compliance. There should also be better access to advice and support to carers.

The implementation plan represents the first step of a seven-year programme and sets out priorities for the first 18 months. Feedback from region level modified the initial plans slightly, but the HAZ planning team expect few last minute amendments.

"The next step for us is to produce a final version which will be printed in a public format," said HAZ team member Neil Boot.

Locum pharmacist runs OTC medicine classes in Wales

A locum pharmacist in Wales is offering evening classes in self-medication.

Starting this week, Dianne Harries is running ten weekly two-hour classes at an adult education college in Cardigan, covering minor ailments such as pain, coughs and colds, and stomach upsets.

The classes are free and she is being funded by £1,700 from Dyfed Powys

Health Authority as part of a series of primary care development projects (*C&D* July 18, 1998, p4).

Twelve people have signed on for the course and there are a number of "possibles". The maximum she can take will be 20. "One difficulty is that there is so much information to get across in 20 hours," she told *C&D*.

She publicised the course with leaflets and posters and has been interviewed on the radio three times, as well as in local newspapers. She will issue questionnaires to students before and afterwards, asking how often they consult a doctor or pharmacist, to see if the course has had an impact.

ASH letter to MCA backs NRT deregulation

ASH, the anti-smoking charity, has written to the Medicines Control Agency supporting the deregulation of nicotine gum.

Clive Bates, director of ASH, claims that making the gum more widely

available will improve access, increase publicity for smoking cessation activity and stimulate competition in the nicotine replacement therapy market.

ASH accepts that NRT products are

more effective when used with advice and counselling, but believes that there is a variety of good sources of advice other than pharmacists. Smokers should be able to take advice from the source they prefer and purchase NRT at outlets of their choice, it says.

If nicotine gum is deregulated, pharmacists can compete by offering a superior service, ASH believes, which smokers will pay for if they think it valuable. Adding NRT to the General Sales List would mean lower prices, leading to increased sales volumes and a reduction in tobacco sales.

On the safety issue, NRT cannot be any more harmful than tobacco, and it is unlikely that non-smokers will use the gum, claims ASH. But it is also concerned that warnings discouraging pregnant women from using NRT may mean that less of them give up.

The letter from ASH was accompanied by a statement from the Imperial Cancer Research Fund, supporting deregulation.

Update free to N Ireland pharmacists

Pharmacists in Northern Ireland can now register for *C&D's* Pharmacy Update continuing education series at no cost to themselves.

The Northern Ireland Centre for Pharmacy Postgraduate Education and Training will meet the registration fee of any pharmacist in the Province who works in community or hospital pharmacy, or as a locum. "We think it is an excellent way of keeping knowledge up to date," says CPPET director Dr Terry Maguire.

To enrol, use the application form on p37 of this issue, indicating that you are a registered pharmacist working in Northern Ireland, or contact Mary Prebble direct on 01732 377269.

Do not send any money with the application form - *C&D* will invoice the CPPET direct. *C&D* will also provide the Centre with a list of those who have taken up this continuing education opportunity, and a record of their achievement in responding to the accredited modules.

Pharmacy Update aims to provide a minimum of 30 hours a year of continuing education articles accredited by the College of Pharmacy Practice, backed up by monthly questionnaires and an automated telephone marking service. Previously published articles are available via a faxback service or can be viewed on *C&D's* internet site at <http://www.dotpharmacy.com>.

IN BRIEF

NOAH withdrawal period book

A new edition of the booklet giving the withdrawal periods and safe residue levels for medicines in food producing animals has been published by the National Office of Animal Health. Covering the period 1999-2000, copies of this eighth edition of the 'Withdrawal Periods for Animal Medicines', may be purchased for £3 from NOAH. Tel: 0181 367 3131.

What is 'pingueclax'?

A visitor to *Chemist & Druggist's* dot-pharmacy internet site has written asking for information on pingueclax, possibly caused by wearing contact lenses. Does any reader have any information about the condition or what it is better known as? If so, please contact us on 01732 364422.

Over to you roadshow

Pharmacists intending to attend the RPSGB's 'Over to you' roadshow of Nottingham's Trent Bridge on January 25 are being asked to contact Amondo King of the Society (0171 735 9141) to reserve places. The next region the roadshow will visit is Manchester and the North-west of the end of March or in April.

Cyberpharmacies go on-line

'Cyberpharmacy' web sites are providing pharmaceutical services on the internet, according to an article in *.net* magazine. The magazine gives internet addresses for sites based in the US manned by pharmacists.

No Smoking Day Pharmacy Award Scheme open

take the Plunge



Pharmacies should have received details of the 'No Smoking Day' 1999 Pharmacy Award Scheme this week in their 'No Smoking Day' pharmacy pack.

The competition, organised by No Smoking Day and the Pharmacy Healthcare Scheme, aims to find out how pharmacies help smokers in their attempts to quit. To enter, pharmacists or assistants should send details of their smoking cessation work during the year.

The closing date for entries is February 19 and the winner will be announced on No Smoking Day (March 10). First prize is a £150 voucher and certificate of commendation. Ten runners-up will each receive a T-shirt and certificate. Judges are representatives of No Smoking Day and the Pharmacy Healthcare Scheme.

The pharmacy pack, which also contains leaflets and information cards, is available from the PHS on 0171 735 9141. Pharmacists can also request a free 'No Smoking Day' 1999 campaign pack. This contains stickers, a poster and ideas for using this year's campaign theme, 'Take the Plunge'. To register for a pack, call the campaign office on 0171 916 8070.

Presidential message to celebrate the end of Ramadan

The Royal Pharmaceutical Society has issued the following message:

Eid means recurring happiness or festivity. *Eid Ul Fitr* should occur on January 18, the first day following the end of Ramadan, the month in which the Quran was revealed and which is the month of fasting for Muslims.

After completing Ramadan, a

Free cannabis for trials

Two suppliers have volunteered to provide free cannabis extracts to researchers wishing to carry out clinical trials.

The offer came during a meeting held by the Royal Pharmaceutical Society on Monday, at which doctors described trials looking at the therapeutic effects of cannabinoids.

Dr Anita Holdcroft, reader in anaesthesia at the Hammersmith and Imperial College of Science and Technology, is to investigate the effects of tetrahydrocannabinol (THC) 10mg and standardised natural plant material in relieving pain following tonsillectomy or abdominal surgery.

Patients will take one of the two cannabis preparations or a placebo one hour before surgery, and the amount of morphine needed after the operation will be measured.

Pain scores and side effects such as vomiting and sedation will also be monitored up to six hours after the oral premedication. The capsule containing plant extract will provide THC and other cannabinoids in oil.

Between five and ten patients a week will be recruited at each of three sites over two years - Hammersmith Hospital, Northwick Park Hospital and Bristol Royal Infirmary. Dr Holdcroft

told the meeting that the Society's working party on the therapeutic uses of cannabinoids had decided to focus on acute rather than chronic pain because patients could be monitored closely in hospital, compliance would not be a problem with one dose and there would be no complications such as depression which could affect analgesia in chronic pain.

Dr John Zajicek, consultant neurologist, Derriford Hospital, Plymouth, described a proposed multicentre randomised controlled trial of cannabinoids in muscle spasticity of multiple sclerosis.

Patients will take about 10mg THC twice daily, or natural cannabis oil containing the same level of THC, or a placebo. The effects on quality of life, pain, sleep quality and tremor will also be measured. The optimal dose will be titrated over four weeks. There will then be a maintenance phase of eight weeks, and the final assessment will be two weeks after stopping treatment.

"The total number of 570 patients in 25 centres will make it the largest trial of symptomatic treatment ever performed in MS," Dr Zajicek said.

Unimed Pharmaceuticals, based in Illinois, has offered to supply free synthetic THC in sesame oil (dronabinol)

as 2.5mg, 5mg and 10mg capsules. Senior vice-president Robert Dudley said the product had FDA approval as an appetite stimulant in HIV and an anti-emetic in cancer chemotherapy.

He could supply it only for clinical trials, in which case Unimed would require full access to the final data; Cambridge Laboratories was the UK licensee for supply of the product for named patients.

The European Institute for Oncological and Immunological Research in Berlin can also offer free dronabinol 2.5mg for use in trials.

In England, GW Pharmaceuticals hopes to start phase I clinical trials this spring using an aerosol formulation of cannabinoids produced from cloned plants. Chairman Dr Geoffrey Guy said the company was growing plants to express specific cannabinoids which could then be blended in whatever proportions were required.

● The RPSGB's involvement in helping to establish protocols for the clinical trials attracted considerable media coverage. By Tuesday, chief scientist Professor Tony Moffat had been interviewed on 12 national radio or television programmes. Head of practice Roger Odd had been interviewed on three radio programmes.

Drug alerts issued by MCA

The Medicines Control Agency has issued a series of drug alerts:

● Lundbeck Ltd is recalling all stock of Serolect following reported cardiac problems (see *C&D* Dec 5, p8).

For further information, contact the distribution manager, Lundbeck on 01908 649966.

● Cox Pharmaceuticals is recalling Vancomycin Powder for Infusion 500mg, batch number 539074/02, expiry date March 2000. A vial from this batch was found to contain a fragment of glass.

Further information is available from Laurie Cook at Cox on 01271 311203.

● A 'caution in use' warning has been issued by Sterwin Medicines about Slofedipine XL 60 tablets.

There is a labelling defect on some

blister strips. The reverse of the blister is printed with repetitive blocks of text. The text repeats correctly for eight blocks, but the ninth block states Slofedipine XL 30 Nifedipine 60mg.

Batches affected are RK276, expiry date September 2000 and RN109 expiry date November 2000. Stock is not being recalled.

Further information is available from Katherine Suckling at Sanofi Winthrop Ltd on 01483 554320.

● The SmithKline Beecham recall of Parstelin tablets also includes a batch only distributed in Eire.

In addition to the four recalled on December 23 in the UK (see *C&D* Jan 2, p5), the batch 783230, expiry date March 1999 is also affected.

For further information, contact SB on 0800 716280.

Doctors negotiate on script checks

Dispensing doctors have agreed that patients exempt from prescription charges should be subject to the same checks as those receiving medicines from a pharmacy. But they have not yet agreed a fee for carrying out the work.

Dr Russell Walshaw, chairman of the GMC's rural practices subcommittee, told *C&D* that the doctors had a "very satisfactory" meeting with the NHS directorate of counter fraud services.

"We exchanged views but came to no specific agreement over the arrangements," he said. "We have not discussed the financial aspects yet, but there is no way we can agree to extra work unless the remuneration package is commensurate with the work."

Scots get more for script checks

Scottish pharmacists will be paid £200 at the end of January following the second phase in the introduction of point of dispensing checks (*C&D* Oct 3, p5).

The second stage of the scheme requires pharmacists to check all exemption claims against evidence.

The Scottish Office has distributed leaflets explaining the changes to patients to all pharmacies in Scotland.

The long-term cost of P to GSL

I have just submitted a reply to the letter from the Medicines Control Agency asking for comments on the deregulation of minoxidil, nicotine gum and paracetamol. Speaking to others in industry, the general feeling is of a process that goes through the motions of consultation, and that it is a foregone conclusion.

My concern is that we end up arguing from a clinical viewpoint about a matter that is increasingly political in origin. Whenever we object to the deregulation of Pharmacy medicines, the response is: "Well, drug X has been on self-selection in the USA for five years without incident". The logic seems to be that anything OTC in the US should go to GSL in the UK in time.

The encouragement for moving products from P to GSL is political. There appears to be an instruction to the MCA to 'look positively' on P to GSL switches. We have a legal category of Pharmacy medicines, largely unique to the UK. Tinkering with this changes the provision of community healthcare.

"Politicians are driving a nail through the heart of an incredibly cost-effective healthcare provision network"

Moving paracetamol suspension to GSL will take the majority of that business to the grocers, and will reduce footfall in community pharmacy. If RPM disappears, Calpol will be one of the top KVLs on the grocers' hit list. They do not have any business now, so to sell it at a 10 per cent margin will not damage them, and will only drive more parents away from pharmacy into the superstores.

The Government thinks, by paying pharmacy less than volume inflation, by deregulating medicines and by plotting against RPM, that it is tinkering at the fringes of pharmacy profitability.

In fact, it is producing a profession that hasn't the time to counsel patients, hasn't the OTC products to counsel them on, and that is haemorrhaging footfall to the grocers.

Politicians are driving a nail through the heart of an incredibly cost-effective healthcare provision network. In the long term it will cost the government more than it pays now to replace it with something half as good.

Written by a senior industry manager

Xrayser

Topical Reflections

I don't want to be a policeman but at least the rate for the job is fair ...

I have never wanted to be a policeman for the Health Service, but with the introduction of in-store prescription exemption checks, that is how I am going to be seen by my customers.

However, acting as devil's advocate, and after reading last week's interview with Jim Gee, head of the NHS Directorate of Counter Fraud Services, I do admit that past attempts to investigate evasion have been farcical in their application (C&D January 9, p24). The wonder is that a system which has essentially relied entirely on trust and goodwill has been allowed to run unchecked for so long.

For once, PSNC had the upper hand in the negotiations and I feel a fair rate for the job has eventually been agreed. To begin with, it will be time consuming for my staff, but the public are adaptable to change and, being fundamentally honest, most will readily support and agree to the checks.

It is the people who are trying to beat the system who will have the most to fear, and with incomplete declarations being separated on submission, I suspect that the cost of the prescription charge may be a small price to pay in order to prevent more detailed investigation.

When it comes to the question of professional fraud, the waters are a lot muddier and the investigation unit will have to tread more carefully. Once again, I cannot condone direct fraud, but there is a very grey area where good business and professional practice and perceived wrongdoing might overlap.

The pound of flesh the Department of Health has exacted over the past few years has done nothing to encourage pharmacists to be completely open over the way businesses are run. Rather than spending millions of pounds to further tighten the screw, that money might be more beneficially spent rewarding pharmacists for the contribution they have made to improving healthcare.



Analgesic pack sizes still causing grief

Five months ago restrictions on the sale of paracetamol and aspirin were introduced to cries of universal hatred from both pharmacists and the general public.

Inconsistencies were identified and constructive suggestions made to rectify the problem. Since then there has only been silence from the DoH (C&D January 9, p5).

There can be no justification on safety grounds for the restriction of the sale of aspirin 75mg to a maximum of 100 tablets in packs of 32, and my customers are quite rightly still angry at the inconvenience and inevitable rise in price this has caused.

Also, the ease of availability of multiple purchases of packs of 16 paracetamol tablets from non-pharmacy sources makes a mockery of these very same safety concerns.

Humility is not a characteristic commonly found in either politicians or civil servants, but the error in the regulations is clear for all to see.

The DoH should admit it has made a cock-up and change the rules. Alternatively, an avalanche of angry letters to constituency MPs might concentrate their minds!

Patients packs and pipe dreams

January 1 has come and gone with the problem of patient packs as far from a resolution as it ever was. Technically, I am now breaking the law in supplying from bulk without proper labels and patient information leaflets, but I can see no sign of an agreement on how the new rules are to be implemented.

Once again the DoH seems to be hoping that time itself will solve the problem, but while it does nothing, a legal time bomb is just waiting to explode. I just hope it is not me who is used by some disgruntled consumer as the test case to publicise their frustrations.

But it is not just the problem of patient packs and PILs that concerns me. The pharmaceutical industry can be just as inconsiderate as government departments in ignoring the problems of consumers.

I have just opened two packs of GUK cephalaxin capsules where the containers are identical but the capsules are of a totally different colour. So much for good professional practice and consistency of supply from the same generic supplier!

How can the industry ever agree on the issues surrounding the introduction of patient packs when even uniformity of product cannot be guaranteed from the same company!

Prescribing information
E45 Emollient Wash cream
White, non foaming, creamy emollient soap substitute which contains Paraffinum Liquidum, Cera Microcrystallina, Zinc Oxide, Laureth-4, Polyethylene, Cetyl Dimethicone, Aluminium Stearate, BHT, Stearic Acid.

Uses

For washing of dry, itchy skin conditions such as eczema, dermatitis ichthyosis and psoriasis.

Dosage and Administration

Adults and children: Use as required.

Contra-indications, Warnings etc

E45 Emollient Wash cream should not be used by patients who are sensitive to any of the ingredients. Patients should take care not to slip when using before bathing and showering.

Package Quantities 250ml pump pack.

Basic NHS cost 250ml £2.75.

Status ACBS listed.

Manufacturer Crookes Healthcare Ltd, Nottingham NG2 3AA.

Date of Preparation

October 1998.

E45 Cream

White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w.

Uses

For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.

Dosage and Administration

Adults and children: Apply to the affected part two or three times daily.

Contra-indications, Warnings etc

E45 Cream should not be used by patients who are sensitive to any of the ingredients.

Package Quantities

Tubes containing 50g. Tubs containing 125g and also 500g.

Basic NHS Cost

50g £1.18, 125g £2.39, 500g £5.61.

Legal Category

GSL
Product Licence Number PL0327R/5904.

Product Licence Holder

Crookes Healthcare Ltd, Nottingham NG2 3AA.

Date of preparation

October 1998.

E45 Emollient Bath oil

Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA.

Legal Category

ACBS listed.

Date of preparation

October 1998.

References.

1. Berth Jones J, Graham Brown RAC. *J Dermatol Treat* 1992; 3: 9-11. 2. Blaszczyk-Kostanecka M, Prystupa K, Shaukat N. Poster presented at EADV, Nice, 1998.

Soap and water don't hurt. Unless you've got eczema.



The harsh action of soap makes eczema worse. That's why E45 Wash is formulated without soaps or detergents.

As a non-drying emollient cleanser, E45 Wash is unique with clinically proven benefits in the management of eczema.¹ And now, recent



evidence proves how effective it is when used in combination with E45 Cream and E45 Bath, as E45 Complete Emollient Therapy.²

Just as importantly, E45 Wash is convenient and pleasant to use which means compliance.

Would you accept any other substitute?

The soap-free substitute suitable for eczema.



DERMATOLOGICAL
E45 Complete
Emollient Therapy™

Counterpoints

P&U launches sublingual NRT

Pharmacia & Upjohn is launching Nicorette Microtab, a sublingual nicotine replacement therapy, on January 18.

The Microtab tablet, containing 2mg of nicotine, is placed under the tongue, where it dissolves in about 30 minutes. Dosage is one tablet hourly for smokers with a low nicotine dependence and two tablets hourly for those who smoke more than 20 cigarettes per day. Each tablet is bioequivalent to one piece of Nicorette 2mg gum. The maximum



daily dose is 40 tablets. The dose should be maintained for three months and then halved.

Treatment should not exceed six months.

The company says the product will be preferable to gum for elderly people and those with dentures.

P&U claims Microtabs reduce nicotine withdrawal symptoms by about 50 per cent and can almost double cessation rates compared to placebo.

Retail prices are £6.25 for the 30 tablet pack and £17.25 for the 105 tablet

size. Nicorette Microtab is a Pharmacy medicine.

Pharmacia & Upjohn.
Tel: 01908 661101.

Fighting the flab while you sleep



A Canadian natural food supplement that is claimed to aid slimming while you sleep is now being launched in the UK. Manufactured by Essentially Yours Industries, Calorad contains collagen hydrolysate nutrients, aloe vera and blueberry extract.

The manufacturer says the supplement is formulated to work with the body to increase lean muscle tissue at the same time as burning off calories. Retail price is £55 for 470ml (one month's supply).

Milton Health Associates.
Tel: 01423 502428.

Boost for Redoxon during flu outbreak

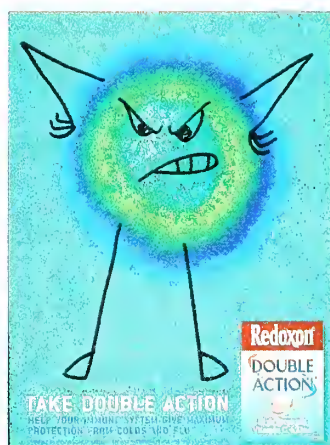
Roche has brought forward its advertising campaign for Redoxon Double Action to tie in with the current flu outbreak.

The six-week £1 million campaign kicked off this week in seven national newspapers with large adverts featuring magnified cold and flu viruses, transformed with arms and legs and a menacing expression. The adverts carry the strap line 'winter germs are back', and suggest that the vitamin C and zinc in Redoxon Double Action will help immune systems give maximum protection.

Posters will also appear at stations, in bus shelters, by roads and outside supermarkets. In London, besides appearing on the Underground, hit squads dressed in combat gear will offer samples at Victoria and

Liverpool Street stations and offer a chance to take part in a prize draw.

Roche Consumer Health.
Tel: 01707 366000.



Herbal V for men

Herbal V has been launched by Herbal Alternative Laboratories to help maintain libido in men.

Herbal V is derived from the Brazilian herb *muira puama* and each tablet contains Ptychopetalum olacoides extract 430mg. Three to six tablets a day should be taken for ten days for optimum results.

Trinity Sales and Marketing is the distributor.

Trinity Sales & Marketing Ltd.
Tel: 01483 225691.

A Plus for bones

Caltrate Plus is a new supplement from Whitehall to maintain healthy bones.

Caltrate Plus comes as swallowable or chewable tablets containing calcium 600mg plus vitamin D and five other minerals essential for bone health. Caltrate Plus and Caltrate Plus Chewable both retail at £7.95 for packs of 60 tablets.

Whitehall is supporting the launch with a £1.7 million promotional spend.
Whitehall Laboratories Ltd.
Tel: 01628 669011.

Calcium with vit D added to Valupak range

BR Pharmaceuticals is adding Calcium with Vitamin D to its Valupak Effervescent range.

Containing 100mg of calcium, the product is formulated to help build and protect bones as well as to prevent fractures. The addition of vitamin D aids absorption of calcium into the intestine. One tablet is equivalent to 50 per cent RDA calcium and vitamin D.

The tablets come in a convenient tube and dissolve in water to provide a lemon-flavoured drink. Retail price is £2.49 (20 tablets).

Trinity Healthcare.
Tel: 01483 225691.



Floral antidote to modern life

The Phytobiophysics Flower Formula range has been repackaged and is now available to pharmacies.

Comprising 20 flower essence formulas, the range has been developed to tackle physical and emotional problems associated with the stresses and strains of modern life.

Each formula is designed to aid recovery for different imbalances, eg Flower Formula 2 White Rose relates to recovery, healthy babies and damaged childhood, and Flower Formula 4 Thistle relates to tranquil thoughts and peaceful sleep.

The formulas, previously only available through practitioners, can be sold singularly or in combinations. Retail price is £7.50 for one.
Simmers Marketing.
Tel: 01622 718564.

Three-in-one pregnancy test



Kent Pharmaceuticals is launching a three-test pack of its Early Bird pregnancy test.

The Early Bird One-Step 3 multi-test pack is aimed at consumers who regularly buy pregnancy test kits month after month. Retailing at £9.75, the pack includes three individually wrapped tests.

An introductory offer is available for independent pharmacies. The launch is being supported by a press advertising campaign.

● New cellophane packaging has also been introduced for the range.
Kent Pharmaceuticals Ltd.
Tel: 01233 638614.

Tap into new bathcare range

Midland Cosmetic Sales is launching a new range of Baylis & Harding bathroom toiletries on March 1.

The Toiletries on Tap range includes a bath/shower creme, hand wash, body wash and body lotion.

Ingredients include amino acids, honey and glycerine, and fragrances of papaya, aloe vera, jojoba and ice tea.

Prices range from £1.49 to £1.99.

Midland Cosmetic Sales plc.
Tel: 0121 359 0099.

Kiss and tell with Soothelip

Bayer is running a fun promotional campaign for its Soothelip antiviral cold sore treatment this winter.

A free Soothelip lip analysis is being offered to the first 1,000 people who respond to the promotion. Consumers are invited to kiss a space on special Soothelip kissing cards to find out what their lip prints say about them. The cards are available from Ceuta sales representatives.

The theme will also appear in young women's consumer press advertisements.

Distributor: Ceuta Healthcare.
Tel: 01202 314824.

Let spring fashion go to your head

Paul Murray is introducing a new spring collection of hair accessories in its Head Girl range.

The Satin Finish collection

comprises butterfly hair slides and clips, ponytailers and decorative hair bands and slides.

All the hair accessories come in

fashionable pastel shades of lilac, turquoise, peach, aqua and white with a shiny finish. Retail prices range from £1.29 to £2.49.

The new collection will appear in an advertising campaign for the Head Girl range in the women's press from February until April.

● A Silver and Pearl collection will also be launched in the Head Girl range at the beginning of February.

Paul Murray plc.
Tel: 01703 268444.



Action packed promotion for spring

Prestige & Collections will be launching a dual spring promotion for its Polo Sport range in leading independent chemists on March 20.

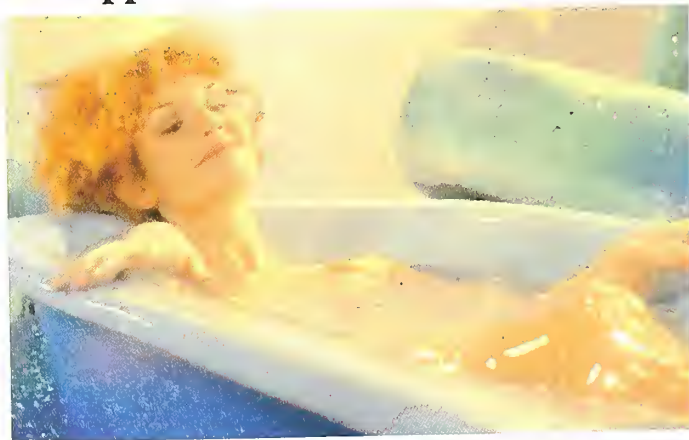
A red and navy Polo Sport fitness bag will be a gift with purchases worth £30 or more from the Polo Sport or Extreme Polo

Sport fragrance and skin fitness collection.

A navy Polo Sport Woman rucksack with detachable red trousse will be given away with purchases worth £30 or more from the Polo Sport Woman range.

Prestige & Collections Ltd.
Tel: 0181 979 6699.

TV Support for Oilatum skincare range



Stiefel Laboratories is supporting its Oilatum Bath Formula and Oilatum Junior Bath treatments for dry skin conditions with a £1 million TV advertising campaign.

Running until February, the campaign is currently on TV at peak times in Central,

Meridian and Carlton regions.

Merchandising support material for the Oilatum range is available for pharmacies, together with copies of the leaflet 'Irritating dry skin - bathe it away with Oilatum'.

Stiefel Laboratories.
Tel: 01628 524966.

ABBREVIATED PRODUCT INFORMATION.

Tixilyx Catarrh Syrup Contains 7 mg Diphenhydramine Hydrochloride BP and 0.55 mg Menthol BP in 5 ml. For the relief of chesty coughs, catarrh and nasal congestion. **Dosage:** Children 1-5 years 5 ml, children 6-12 years 10 ml. Administer four times a day. Not for children under 1 year of age. **CI:** Hypersensitivity, acute porphyria. **Precautions:** Caution in conditions aggravated by anticholinergic therapy, severe liver disease, severe kidney disease, severe lung or heart disease, asthma, thyroid disease or depression, hepatic failure. **SE:** Sedation is the most common effect. Occasionally, allergy, anaphylaxis and anticholinergic effects, tremors, paradoxical excitability, rash. **Interactions:** Tricyclic antidepressants, hypnotics, anxiolytics or antihistamines. **PL** 0427/0049. **PL Holder:** Rosemont Pharmaceuticals, Braithwaite Street, Leeds. **Tixilyx Night-Time / Tixilyx Night-Time SF** Original and sugar-free linctuses containing 1.5 mg Promethazine Hydrochloride BP and 1.5 mg Pholcodine BP in 5 ml. For the symptomatic relief of cough and colds in children; especially useful for irritating night cough. **Dosage:** Administer two or three times a day. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Hypersensitivity. **Precautions:** Caution in asthma, cardiovascular disease and epilepsy. If symptoms persist for more than 7 days consult a doctor. **SE:** Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, dizziness, palpitations, stomach upset and rash. **Interactions:** Alcohol, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines or opioid analgesics. **PL** 0030/0080 & PL 0030/0081. **Tixilyx Inhalant** Contains 25 mg Menthol BP, 20 mg Eucalyptus Oil BP, 60 mg Camphor BP and 50 mg Turpentine Oil BP per capsule. For the relief of head colds, catarrh, flu and hayfever.

Administration: Babies 3 to 12 months: sprinkle contents onto a handkerchief. Place out of reach of the baby. Children 1 year and over: sprinkle onto bed-linen, pillow or night-wear at night. Tip the contents of one capsule into a pint of hot water and inhale the vapours. Always use under parental supervision. **CI:** Hypersensitivity.

Precautions: For external use only, avoid direct contact with the skin, eyes or nostrils. **GSL** PL 0030/0083. **Tixilyx Daytime** Contains 4 mg Pholcodine Ph Eur in 5 ml. A cough suppressant. **Dosage:** Administer six hourly as required. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** When cough suppression is inadvisable. **SE:** Nausea and drowsiness. **PL** 0030/0090.

Tixilyx Chesty Cough Contains 50 mg Guafenesin Ph Eur in 5 ml. Relief of chesty coughs, hoarseness, and sore throats. Helps loosen mucus to make breathing easier.

Dosage: Administer 4 hourly. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **Precautions:** Should not be taken with a cough suppressant. **GSL** PL 0030/0082. **Tixilyx Cough and Cold** Contains 20 mg Pseudoephedrine Hydrochloride BP, 2 mg Chlorpheniramine Maleate BP and 5 mg Pholcodine Ph Eur in 5 ml. Cough suppressant and decongestant. **Dosage:** Administer six hourly as required. Do not exceed three doses in 24 hours. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Hypersensitivity, tachycardia and severe cardiac disorders. Those taking MAOIs or who have taken MAOIs in the last two weeks. Not recommended during an acute asthmatic attack.

Precautions: Caution with epilepsy, severe diabetes mellitus, hyperthyroidism and hepatic insufficiency. **SE:** Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, anxiety, restlessness, dizziness, stomach upset, palpitations, tachycardia and rash. **Interactions:** MAOIs, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines, decongestants, or opioid analgesics. **PL** 0030/0089. **Retail prices** - 1. £2.69. 2. £1.85. **PL Holder** - NOVARTIS Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB.

What makes Tixylix® No. 1 for sales?



Mums can see it on TV (when they get a chance!)

We know how important your advice is to Mums worried about children's coughs and colds.

That's why to ensure that Tixylix stays No.1 our TV commercial works hard to bring them into your pharmacy. This year we're investing **over £2 million in national TV support for the brand.**

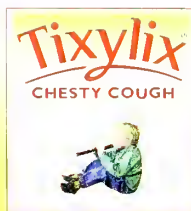
And, with the widest range, it's no surprise that Tixylix continues to outsell the nearest competitor nearly twice over.*

Recommend Tixylix this winter – it's the one Mums are most switched onto.

Recommend Tixylix – It's specially made for children



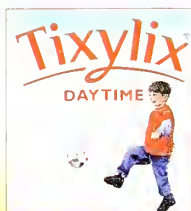
Diphenhydramine
Menthol



Guaiphenesin



Pholcodine
Pseudoephedrine
Chlorpheniramine



Pholcodine



Pholcodine
Promethazine



Pholcodine
Promethazine



Menthol, Camphor
Eucalyptus
Turpentine Oil

* Nielsen data on file

For further information on winter bonuses please contact Sales Support on 01403 323 955. Novartis Consumer Health, Wimblesbury Road, Horsham, West Sussex RH12 5AB. Tel. 01403 210211.

Valentine offers

Gillette is running a variety of in-store Valentine's offers for its Moch3 shaving system in January and February. The offers will be supported by a national TV, radio, press and internet ad campaign.

Gillette UK Ltd.

Tel: 0181 847 7268.

Oral health guide

Stafford-Miller is distributing a handy oral healthcare guide to help pharmacists and staff recognise the symptoms of basic oral health problems. Designed as a distance learning tool in partnership with the College of Pharmacy Practice, the guide incorporates tests which qualify towards four hours' postgraduate education.

Stafford-Miller Ltd.

Tel: 01707 331001.

Omega-3 web site

Seven Seas' Omega-3 Information Service goes live on the internet this month. The new web site provides the latest information on the omega-3 essential fatty acids and their health benefits. The web site can be found at <http://www.omega-3info.com/facts/omega-3.html>.

Seven Seas Ltd.

Tel: 01482 375234.

£2m TV boost for Nurofen Advance

Crookes Healthcare is supporting its Nurofen Advance analgesic with a £2 million TV advertising campaign until February 16.

First screened last August, the commercial uses an image of the Nurofen target travelling over a map projected onto a man's body to

show how rapidly the product relieves an office-bound executive's tension headache.

Further support for the Nurofen brand is planned for this year.



Crookes Healthcare Ltd.
Tel: 0115 953 9922.

Diabetes packs and leaflets targeted through pharmacy

Owen Mumford is targeting diabetic patients with its Diabetes Specialist Pharmacy information scheme and two new product packs.

Two new leaflets have been produced to discuss diabetes for newly diagnosed diabetics and the considerations diabetics need to make when travelling. They answer frequently asked questions and provide a checklist of items diabetics should have with them. The accompanying packs reflect this and contain a range of products suitable

for newly diagnosed and travelling diabetics.

For the newly diagnosed, the 'Diabetic Essentials' pack retails at £59.99. The 'Diabetic Traveller' pack retails at £49.99. Both contain sharps

containers and diabetic ID cards.

Free information packs are available by telephoning the pharmacy helpline on 01993 810052.

Owen Mumford.
Tel: 01993 812021.

TV 'first' with Seven Seas sponsorship

Seven Seas is sponsoring Channel 4's daily 'Countdown' programme from mid-January in a deal which breaks new ground for an OTC medicine.

The sponsorship is a first for the company which believes the TV programme delivers an ideal match for the brand's 55+ target market.

The first sponsored programme will promote Seven Seas Pure Cod Liver Oil. The sponsorship credits

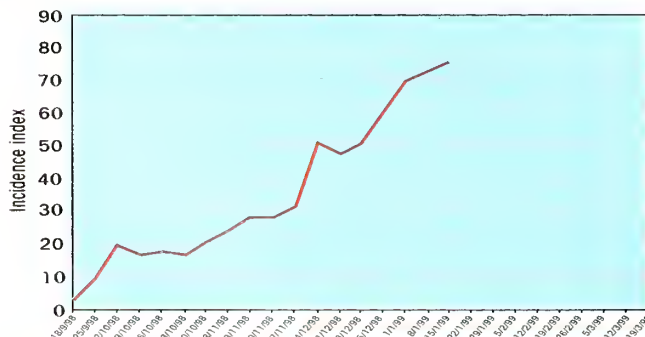
feature the Seven Seas Tin Man.
Seven Seas Ltd.
Tel: 01482 375234.



Cough, cold & flu FORECAST

Information updated weekly by SDI

City	Status	Weeks on status	Incidence index for this week
Birmingham	Alert	2 week	65.3
Bristol	Alert	3 weeks	89.1
Glasgow	Alert	2 week	74.8
Leeds	Alert	6 weeks	97.8
London	Alert	3 weeks	67.7
Manchester	Alert	4 weeks	90.0
Newcastle	Alert	3 weeks	91.2
Norwich	Alert	2 week	54.9



SPONSORED BY



MARKET STATUS

ALERT
(week 4)

ON TV NEXT WEEK

Beechams Flu Plus Caplets: U

Clinomyn smokers toothpaste: STV, G, Y, C, A, HTV, M, CAR, C4, C5

Diflucan One: All areas except U

Imodium Plus: All areas

Just for Men: All areas

Meltus: G, Y, C, HTV, M, CAR, TT, GMTV, Sat

Nicorette: All areas

Niquitin CQ: U

Oilatum bath formula: C, M, CAR

Oilatum Junior: C, M, CAR

Poli-Grip: All areas except GMTV

Nizoral dandruff shampoo: All areas except U

Sensodyne gentle mouthrinse: All areas

Sensodyne toothpaste: All areas

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London-Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

"Keep it up"

B. Cheuk, Burrows & Close Ltd., Sandiacre.



The UK's No.1 condom brand.

Durex is a trademark of the LI group. www.durex.com

Script specials



IN BRIEF

Comtess for Parkinson's

Orion has launched Comtess (entacapone 200mg) for Parkinson's disease (see Script Specials November 14, 1998). It comes in bottles of 30 (£19.05) and 100 tablets (£63.50). **Orion Pharma (UK) Ltd. Tel: 01635 520300.**

Additions to February's Tariff

Several dressings from from Smith & Nephew have been added to February's Drug Tariff. They are: Algisite M 2g x 30cm rope; Allevyn Cavity circular 5 and 10cm; Allevyn Cavity tubular 9 x 2.5cm and 12 x 4cm; and Tensolan K 8cm x 5m, 10cm x 5m and 12cm x 5m.

Smith & Nephew Healthcare Ltd. Tel: 01482 222200.

Coloplast extends range

Calaplast has introduced Assura Conseal, an improved one piece plug which comes in four sizes: 35mm plug length/20-35mm stoma size; 35mm plug length/35-45mm stoma size; 45mm plug length/20-35mm and 45mm plug length/35-45mm. All come in packs of ten with a basic NHS price of £21.61.

● Seasarb Filler, an alginate cavity filler for exuding wounds, has been added to February's Drug Tariff (40cm, 2g; six per box £18).

Calaplast Ltd. Tel: 01733 392009.

Ocusert Pilo 20 out of stock

Ocusert Pilo 20 continues to be out of stock for the foreseeable future because of ongoing production difficulties. Supplies of Ocusert Pilo 40 are unaffected.

Dominion Pharma Ltd. Tel: 01428 661078.

Abbott extensions

Abbott is introducing a sugar-free Erythroped Forte (erythromycin 500mg/5ml) variant at the end of the month. During this month and the next, Abbott also plans to launch Osmolite Plus, a nutritional product with higher protein, energy, vitamin and mineral content than the original Osmolite. Osmolite Plus comes in 1,000ml (eight, basic NHS price £55.90) and 1,500ml ready-to-weigh bags (six, £62.88). Enlive nutritional drink has also been reformulated with the fat soluble vitamins A, D, E and K.

Abbott Laboratories Ltd. Tel: 01795 580303.

Migranal hits it on the nose

Migranal is a new intranasal migraine treatment from Novartis.

Migranal Nasal Spray contains 4mg dihydroergotamine mesylate per 1ml, and is indicated exclusively for the treatment of acute migraine attacks, and not for prophylactic therapy.

At the first sign of migraine one puff (0.5mg) should be administered into each nostril. An additional dose of one or two sprays may be administered after 15 minutes if needed.

The maximum dose is four sprays (2mg) per attack, eight sprays per 24 hours and 24 sprays per week. An interval of at least eight hours should

be observed before treating further attacks. Supplementary antimigraine medication such as parenteral dihydroergotamine, other ergotamine preparations or sumatriptan should be avoided.

Exceeding the dose may result in vasospasm. First symptoms of over-dosage include numbness and tingling of the fingers and toes, and non-migraine related nausea and vomiting.

Concomitant use of Migranal with macrolide antibiotics may increase plasma levels of dihydroergotamine. Heavy smoking (elevated nicotine levels) and use of other vasoconstrictive

agents such as ergotamine and sumatriptan may enhance overall vasoconstriction. Caution may be needed with beta-blockers.

Each device contains 1ml solution equivalent to 4mg of dihydroergotamine mesylate. However, once primed the device delivers four metered doses, each of 0.125ml, containing 0.5mg of the drug.

The device should be used within eight hours and the remainder discarded. The basic NHS price for each device is £3.80.

Novartis Pharmaceuticals UK Ltd. Tel: 01276 692255.

Oculotect from Ciba Vision offers relief for dry eyes

Ciba Vision has launched Oculotect for the relief of dry eyes.

Oculotect contains 5 per cent polyvidone K25, a water-soluble polymer which lubricates the eyes to

reduce irritation. One drop should be put into each eye four times a day.

Oculotect comes as a preservative-free solution in 0.4ml single-dose pipettes, sufficient for both eyes. Packs

of 20 carry a basic NHS price of £3.40. The drops can also be purchased OTC as a Pharmacy medicine (rsp £5.70).

Ciba Vision (UK) Ltd. Tel: 01489 785300.

MEDICAL MATTERS

Long-term ill effects of Pill dismissed

Fears over the long-term ill effects of the Pill have been allayed by the results of the longest and largest follow-up study into oral contraceptive usage so far undertaken.

The study, a 25-year follow-up of 46,000 women, found that ten years after women had stopped taking the Pill their risk of cancer and cardiovascular deaths was similar to that of women who had never taken the Pill.

Until now it has not been clear whether any long-term side effects of the Pill persisted into middle age, long after therapy had been discontinued.

In the study, published in this week's *British Medical Journal*, researchers gathered details of oral contraceptive use and of morbidity and mortality from GPs over 25 years.

Of the 46,000 women recruited, half were using oral contraceptives at recruitment in 1968-69. At the end of the follow-up period, the median age of the women was 49 years. And most had used a combined higher dose Pill containing 50mcg oestrogen.

The results after 25 years revealed 1,599 deaths, of which 830 were due to cancer (breast cancer 259; lung can-

cer 115; colorectal cancer 68; ovarian cancer 55; cervical cancer 51), and 380 were due to circulatory disease (205 heart disease; 125 stroke).

Overall the death risk from all causes was similar in women who had used oral contraceptives and those who had never used them. The risk of more specific causes of death also did not differ significantly.

On closer scrutiny, women who were current or recent (within ten years) users of oral contraceptives had decreased mortality from ovarian cancer and increased mortality from circulatory diseases and cervical cancer.

Professor Valerie Beral, director of the Imperial Cancer Research Fund's cancer epidemiology unit in Oxford, who led the research, said this is good news for women.

"We have known for a long time that the risk of developing certain conditions is slightly increased in women taking the Pill. Our new figures show that by the time women who've used the Pill have been off it for ten years, their risk of developing these conditions is similar to what it would have been if they had never taken it at all."

Use obesity drugs only as last resort

Anti-obesity drugs should be used only if other methods such as diet and exercise have failed, concludes a new report from the Royal College of Physicians.

Anti-obesity drugs may be justified in adults with a body mass index of 30 (kg/m²) or more if diet has been unsuccessful in achieving a 10 per cent weight loss after three months, the report says.

The drugs should be prescribed only for three months at first, and stopped if the weight reduction is less than 5 per cent. If a 5 per cent loss has been achieved the drug can be continued, providing weight is monitored continually and is not regained.

The patient's GP should be notified in writing if another doctor prescribes anti-obesity drugs. The RCP recommends that complaints about doctors whose practice fails to follow these guidelines should be directed to the General Medical Council. The use of these drugs should be monitored closely through post-marketing surveillance and the Yellow Card scheme.

**Thursday
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Medicine for the millennium?

As interest grows in using natural remedies in conjunction with conventional medicine, **Sarah Thackray** talks to pharmacist Anna Maxwell, Nelsons sales and marketing director, about her vision for complementary medicine in the 21st century

What do Prince Charles, Floella Benjamin and Anna Maxwell MRPharmS all have in common?

Answer: they are all enthusiastic advocates of the benefits of complementary medicine.

For the past five years, Anna Maxwell has been a driving force in the growth of the complementary medicine market as marketing & sales director for A Nelson & Co. From her office overlooking Wimbledon Common, she heads the marketing of Nelsons homoeopathic and aromatherapy ranges as well as Bach Flower Remedies.

Anna was recently nominated for the Woman of the Year Award by Floella Benjamin (a Bach Rescue Remedy enthusiast) for her involvement in the complementary medicine market. Chosen from a list of over 1,000 nominees, she joined 500 other leading women from all walks of life at London's Savoy Hotel for the prestigious award ceremony last October.

Her interest in complementary medicine was kindled over a decade ago during her first job as a relief pharmacist for Boots in the South-west area.

"By talking to customers, I realised that there was a shift in consumer demand to natural products, yet there was a whole armoury of medicines

that I didn't know anything about," she recalls. "I started to dabble, then studied homoeopathy and introduced a homoeopathic range in store. I soon built up my own little client base and used to get queues of people waiting to see me - it was amazing how quickly the word spread!"

"At that time, I found that the mainstream consumer who was shopping in a pharmacy environment wanted the pharmacy to provide them with more than an OTC offering and didn't really want to go to a health food store for complementary therapies.

"I discovered that complementary medicines enhanced Boots' existing business. I found it very rewarding to work with a patient and spend a few minutes talking to them about their condition, picking the right remedy and then getting them to come back to let me know how successful the product had been."

Two years spent as a relief pharmacist helped Anna to find out about customers' needs. But her real opportunity to develop Boots' complementary medicines sales came when she moved into retail marketing as a product manager for OTC medicines at the company's head office in Nottingham.

"It took me about two years to persuade senior management at Boots to devote store space to complementary medicines. I knew that there was a demand for this category in the South-west so I organised a trial in this area which proved very successful. As a result, I was able to persuade more stores to stock complementary medicines, which are now distributed in almost all Boots' stores around the country."

Homoeopathic growth

The UK homoeopathic remedy market has doubled in the past five years from around £10 million to over £20m. Nelsons predicts that the market will grow to closer to £25m by the year 2000.

Anna pinpoints pharmacy's increasing involvement in this market as a key reason for the growth. She says: "Complementary medicines have become more accessible to mainstream customers over the past eight years."



Anna Maxwell recommends that pharmacists try homoeopathy

She adds: "Doctors, nurses and other allied professionals have become far more open minded about the principle of complementary medicine sitting quite comfortably alongside conventional medicine. Consumers are also taking more responsibility for their own health and are seeking natural products as well as conventional medicines.

"The UK is beginning to follow trends in Germany and France, where complementary medicine is much better integrated with orthodox medicine. This trend is being promoted by Prince Charles with his Foundation of Integrated Medicine."

A family-owned company which employs nearly 200 people, Nelsons has a successful export business with over half of its turnover derived from overseas. The company has a subsidiary in Boston

to support its North American business.

"We aim to continue to bring new customers into the market through our efforts as we shape our product ranges to meet the needs of the customer of today. We are always looking for opportunities to expand the complementary market."

Anna has pioneered the five-year development of Nelsons' new Klikpak container for its remedy pillules. She explains: "We wanted to create the optimum container to bring homoeopathy into the 21st century."

The container is designed to make it simple to click the remedy pillules into the dosage cap without touching them. To help retain remedy potency, the pillules are stored in a glass vial within the outer non-breakable pack.

Continued on P20 →

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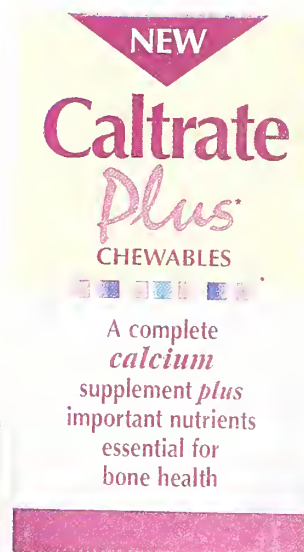
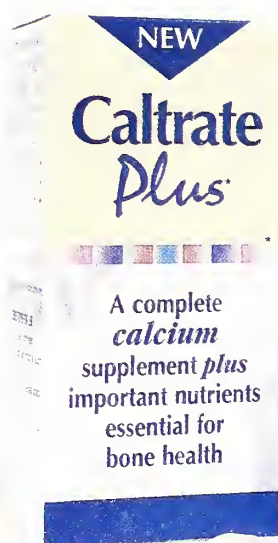
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Helps keep bones stronger for longer

The common cold – encouraging customers to self-medicate



Despite recent publicity promoting the pharmacy as a source of health care advice, twice as many consumers still visit their GP rather than the pharmacist for assistance with the symptoms of colds and flu, according to a Mars Confectionery TUNES Coldline survey.

However, the coughs and colds season offers you a unique opportunity to play a pivotal role in advising your customers on self-medication and the best ways of coping with their seasonal ailments.

Patients who understand the limited effect that antibiotics have on their cold and flu symptoms are more than happy to speak to their pharmacist for advice on OTC medicines. The Tunes Coldline survey also showed that cold sufferers are getting used to the idea of self-medication: it recorded on average of over 1,000 calls *each week* from members of the public requesting information.

This indicates that cold and flu sufferers look for both physical and emotional relief for their symptoms. Pharmacists are in a unique position to provide both advice on medication and re-assurance on the best way to treat symptoms.

Medicated confectionery like TUNES and LOCKETS can help ease the worst of their symptoms and provide the comfort that is gained from choosing well-known brands. Your customers understand the LOCKETS double-action proposition that helps to ease their irritating sore throat and nose, and the optimum dose of menthol in fruit tasting TUNES to help them 'breathe more easily.'

The TUNES Coldline number appears on each pack. Consumers can call an helpful information pack. For more information on TUNES or LOCKETS contact Gordon Storey or Philippa Leon at Mars Confectionery on 01753 550055

Orange Tunes with Vit C (PL5707/0009) - menthol 0.135%, Tunes Cherry Menthol (PL5707/0001) - menthol 0.135%, balsam of tolu 0.03%, camphor 0.007%, oil of thyme 0.002%, Tunes Blackcurrant Menthol Lozenges (PL5707/0003) - menthol 0.135%. Tunes are indicated for the symptomatic relief of blocked noses and sore throats. All above products are classified GSL. PL holder Mars Confectionery, Dundee Road, Slough SL1 4JX.

→ Continued from P18

Nelsons is investing £1.5m in the development and marketing of its new container. This support includes a series of eight nationwide educational seminars for pharmacists and pharmacy assistants. Running until March, the seminars are proving to be popular with pharmacists who are keen to find out more about homoeopathy.

"A lack of understanding about homoeopathic remedies results in pharmacists being uncomfortable about these products," she says. "Our interactive seminars are designed to give pharmacists and their staff the confidence to recommend homoeopathic remedies."

"Once pharmacists have attended a course and begin to understand the principles, they find their homoeopathic business starts to develop and grow. Our independent pharmacy salesforce of ten also plays an educational role and is on hand to help and advise."

"Our evidence suggests that sales of complementary medicines actually add to pharmacy business rather than detracting from OTC products. Instead of switching from OTC products to complementary medicines, customers buy both types of products. Products like sulphur for skin conditions, aconite for the onset of colds and arnica for bruising can sit well alongside orthodox medicine."

"We have seen a shift in attitude in the past five years as a result of the

work that has already been done to help retailers to improve their understanding of complementary remedies. Many consumers now see homoeopathy as part of the overall healthcare umbrella and expect these products to be part of the pharmacy's portfolio."

Anna admits that a degree of cynicism towards complementary medicine exists among some pharmacists. "To overcome any pharmacist's concerns about homoeopathy, I would recommend them to try it for themselves," she says.

"Alternatively, recommend a homoeopathic product like arnica the next time a patient comes in with bruising and ask them to come back and let you know their verdict."

Not surprisingly, Anna's commitment to complementary medicines means that she is a regular user of natural remedies. She admits that she often turns to Bach Rescue Remedy to relieve stressful situations at work and swears that she rarely has a cold because she always nips it in the bud with aconite. She also uses arnica before going to the gym for a workout to prevent soreness afterwards.

"I am very fortunate to have a job that challenges me in an area that really interests me," she says. "I haven't lost my interest in pharmacy and hope I am helping to shape the pharmacy of the future."

Tomorrow's pharmacy

What is the Anna Maxwell vision of tomorrow's pharmacy? "I would like to see a focus on health and beauty,

nutrition, diet, exercise and complementary therapies rather than some of the peripheral merchandise you often see in pharmacies today," she says.

"I believe the pharmacy environment should be more interactive, with practitioners on hand to give advice and consultations. I would like to see UK pharmacies returning to the type of professional environment you see in France, for example, which is very health and beauty orientated."

"In my opinion, the pharmacist should be the first port of call for any health issue. Pharmacists are perceived by the public as very professional, highly trained individuals. The pharmacy can differentiate itself from grocery multiples, for example, by providing advice, information and service."

"As we approach the new millennium, there is a shift towards wellness rather than illness. People will want to prevent ill health and support themselves through nutrition and exercise and products that assist them in quality of life."

"Wellbeing markets like aromatherapy are becoming more popular because these products are treating emotions and enhancing daily life without illness."

Anna believes that there will always be a place for orthodox medicines but complementary medicines will be alongside them, becoming increasingly popular in the future. "Although some people will purely use complementary therapies, the majority are more likely to use a combination of both."



Visitors to London's West End can discover an independent pharmacy with a difference. Nelsons Homoeopathic Pharmacy in Duke Street was founded in 1860 and is still a thriving business today

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Canesten Oasis - Product Information: Canesten Oasis contains citric acid (anhydrous), sodium bicarbonate, sodium citrate dihydrate and sodium carbonate (anhydrous) resulting in the equivalent of 4.4g of sodium citrate. **Indications:** Symptomatic relief of cystitis in women. **Dosage and Administration:** **Adults:** One sachet in water three times daily over 48 hours. Take all six sachets. **Children:** Only to be taken on medical advice. **Warnings and Precautions:** A physician should be consulted if the patient has a history of heart disease, hypertension, renal impairment, diabetes, conditions requiring a low sodium diet or if symptoms persist after 48 hour treatment. The use of this product with ACE inhibitors, cyclosporin, spironolactone, amiloride, triamterene and potassium canrenoate, may increase the risk of hyperkalaemia. **Use in Pregnancy and Lactation:** Only when instructed by a physician. **Cost:** £4.25 **MA Number:** 11723/0217 **MA holder:** Sanofi Winthrop Ltd, Surrey GU1 4YS **Sold and Distributed in the UK by:** Bayer plc, Consumer Care Division, Bayer plc, Strawberry Hill, Newbury, Berkshire RG14 1JA **Legal Category:** GSL **Date of Preparation:** December 1998

*Reference data on file.

The Prescription Pricing Authority's director of information technology, **Douglas Ball**, discusses the progress being made on electronic prescribing

Get connected

We live in exciting times. The various ingredients which will enable prescription electronic data interchange (PEDI) to be set up are finally coming together.

The publishing of the NHS strategy 'Information for Health' has laid down a timetable for connecting GPs to NHSnet. The connection of pharmacists will follow, allowing the two groups to be linked over a secure network. The NHS Executive is working on the messaging standards for electronic prescriptions and, in Europe, a standard definition for all types of electronic prescriptions will be published, setting the standards and requirements.

Suppliers have been waiting for these standards to be defined so that they can develop EDI systems that which conform to them. The PPA is involved in all these activities and its systems can be changed to accept prescription data in a variety of forms including paper, bar codes, smart cards, floppy discs and PEDI.

Earlier trials have added to the sum of knowledge and understanding, showing clearly that it is the successful integration of the technology into the normal working processes of a prescriber and a dispenser that determines whether the system will work or not. The technology is an enabler, not the panacea.

Standard procedure

A common infrastructure, set of standards, procedures, systems and training all have to be in place to ensure that every participant generates the same or similar result when faced with the same set of circumstances. All the users, GPs and pharmacists would create their portion of the prescription data in a similar format and with similar meaning. In an ideal world, every prescriber would use a common prescribing system and every dispensing contractor would also use a common dispensing system.

The previous trials demonstrated

that they could not match the accuracy of the current system. The PPA pays out over £4.5 billion a year, so the quality and accuracy of the data produced by the GP and the pharmacy system is crucial to ensure that dispensing contractors are being paid correctly and that the cost is correctly allocated to the appropriate unified budget. It must also enable the NHS to monitor and control drug expenditure.

Current systems

The elements involved in the production and use of the prescription forms are prescribers, the patient, the dispenser and the PPA.

Let's take each component in turn and examine some of the issues. The last survey suggested that approximately 80 per cent of GPs have computer systems. While they may share a degree of common functionality, they are not all at the same level of technical sophistication, and it appears that approximately 60 per cent use them to produce prescription forms. There is no consistency or standard which would ensure that using the same set of key strokes on each GP system would produce the same information on a prescription form.

Examination of existing computer-produced forms identifies problems with the quality of the information printed on the forms, covering such elements as drug information, quantities prescribed, and prescriber information.

The opportunity exists to create quality and data standards which would resolve these problems and enable the capture of accurate prescription data electronically when the prescription form is produced in the surgery.

There is also a multitude of pharmacy system suppliers. No consistency or standard exists for computer systems that endorse prescription forms which would ensure each pharmacy system produces the same information on a prescription form. This causes problems for locums who handle

different systems. Examination of computer endorsed forms identifies problems with the quality of the information that is currently produced, such as drugs, pack sizes and quantities which are claimed to be dispensed.

Significant investment is required to bring existing systems up to the standard required to produce an electronic prescription. The systems cannot be looked at in isolation. Significant thought has to be given to how they are used to ensure that it is not the action of the user in the pharmacy that is causing the problem with the accuracy of the data.

Automatic endorsing systems, unless set up properly for every drug, can and do lead to false claims for payment. With the increasing emphasis on the identification of potential fraud, this could prove very embarrassing for the pharmacist.

Standards

Most GP and pharmacy system suppliers use the PPA to establish the standards and controls that should be in place to produce accurate paper prescriptions. The same concept will require a more formal framework for the production of an electronic prescription.

One of the basic infrastructure issues to be solved is the standard for identifying drugs and quantities. There are two options available: use the drug name or encode the drug. Using the drug name avoids all the problems associated with incorrect matching of drug name to a particular code and the need to ensure that all 11,000 GP and 10,000 pharmacy systems are in step.

If the coding regime is chosen, the issues become more complex. There is a variety of coding systems available, each designed for a

particular purpose. To identify a drug for ordering purposes there is the EAN (European Article Numbering) code or PIP code; to identify a drug for authorisation of payment to contractors there is the PPA code; to identify drugs for medical information

purposes there is the Read code.

No single code will provide a solution to all requirements. If codes are the way forward, then the most practical solution would be for each computer system to contain the relevant codes required and when the prescriber creates a

"It is the successful integration of the technology into working processes that determines whether the system works or not"

prescription, the computer system would allocate the appropriate code.

For example, when the GP produces a prescription, the system could assign the Read code in the medical record and the PPA code in the prescription record. Pharmacists' systems would, during the process of dispensing a drug, allocate the appropriate stock ordering code when the stock re-order level is reached, and the PPA code for the dispensing data element which is 'added' to the prescribing data. Standardisation of quantity units will depend upon which coding system is chosen. The PPA is developing a trial system to receive electronic prescriptions on the basis of the drug name and not a code.

It is important, when looking at standardisation, that we do not end up with system stagnation caused by interlinking each computer system in a manner which means that no changes can be made quickly. Responsiveness of the total system to change will be an important 'selling point' to all participants and policy makers.

Security, encryption and

confidentiality of prescription information must be addressed.

Patients must be confident that their information is not going to be passed to any third party. Concern has been expressed regarding systems being funded by drug companies or research companies. The 1998 Data Protection Act will provide patients with more safeguards and dispensers will have a

duty to fully inform their patients if they are providing data to commercial companies and for what purpose. Patients must be allowed to stop their data being used in this manner.

The future

The challenge is to bring together the different components involved in the production and the use of the

prescription forms in a coherent manner which acknowledges the diversity of computer systems, users and the general public, who will have to use the system.

There are 27,000 GPs, 55 million patients, 13,000 dispensing contractors as well as nurse prescribers, GP computer systems, pharmacy computer systems and the

PPA who all have to be brought together in a co-ordinated, well thought out and structured manner.

We will have to watch that the hype and expectations which have been generated by companies trying to win a market advantage do not lead to disillusionment when the user realises that the promises cannot yet be fulfilled.



A glimmer of hope

Last September, the NHS Executive raised the hope that community pharmacists will be connected to the NHSnet by 2002.

Further guidance in December on implementing the strategy refined that slightly, suggesting that while there will be 'substantial progress' made in delivering the electronic patient record and electronic health record in the period 2000-2002, it will not be until the final phase, 2002-2005, that the work programme will be completed.

What has been frustrating system suppliers of late, though, is that the detailed implementation guidance for the 'Information for Health' strategy has taken a long time to emerge. And then, when details do emerge, they are still sketchy and are not answering the questions that the pharmacy profession may have.

The November 27 guidance talks about one of the key elements of the programme to modernise the use of information systems in primary care. This is the need to connect all computerised general practices to the NHSnet by the end of this year and to ensure that they can receive pathology messages.

Referred to as the central GPnet project, it will receive national funding which, for each computerised practice (or those who want it), will deliver:

- a direct connection at practice level; to NHSnet via a ISDN router and firewall providing secure IP connectivity
- an upgrade of practice clinical systems software to RFA4+ accredited version provided by their supplier.

Further guidance was to be issued 'shortly' on areas such as NHSnet connectivity, messaging services, hardware and software for GP systems and firewalls at clinical domain level. Perhaps this is the sort of information that will allow the pharmacy computer suppliers to get cracking in designing systems for pharmacies that will be NHSnet compatible.

Simon Driver, chairman of the Pharmacy Computer Suppliers' Association, has admitted that the wait for information has been very frustrating. "We are clinging by our fingernails," he says. "It was a big



IT's crucial role in the NHS is to enable secure information flow between health professionals

triumph that the [information strategy] document referred to pharmacy and it's up to us now to deliver the goods." But, as of the beginning of December, suppliers had not been able to start work on new systems.

"The frustrating thing is that there really is nothing we can start on as they have only said they are reducing the connection code and transmission codes. There's no point in us writing APIs as yet," he said.

PharMed believes that the NHS is more likely to issue a model of expected operation, along with a message standard rather than technical specifications as such.

"Pharmacy computer suppliers need to make a commercial decision about when they need to start developing an API. We have already published our

API, which copes with about 80 per cent of existing script flows, and any extensions to this will be evolutionary," says the company.

The strategy certainly acknowledges that IT will have a crucial role in the NHS to enable secure, efficient flow of information between health professionals. But PharMed chairman Ewan Davies comments: "While this is not as much as we would have liked for pharmacy, nevertheless there are opportunities for pharmacy. In addition to the onset of electronic prescribing, the development of PCGs means that it is vital for pharmacies to have access to a secure information channel, in order to develop their involvement in this area."

With regards to the lack of clarity of a time frame for full electronic

prescribing, PharMed wonders if the government will control roll out by funding. If not, then it will depend on commercial benefits, which if perceived to be high, could ensure a quicker roll out. "However, it is unlikely that customers will be able to purchase legitimate electronic prescribing systems until 2000 at the earliest," says the company.

Connectivity

The extensive range of GP and pharmacy systems already in existence meant that Practice Resource Systems has aimed to develop an electronic platform to support an effective professional network.

"Due to the diverse range of systems in primary care today, which have a wealth of patient data locked within them, we could not envisage a situation where these systems could be rapidly standardised without the loss of patient data and a major investment programme," says PRS' managing director Gary Noon.

"It was essential that we developed over the past two and a half years a translation program that would allow communication between systems using different drug codes. This has now been running live for the past year and has allowed 'seamless delivery of care across a disparate range of primary care systems'. As PCGs emerge across the country, it will become a 'vital communication tool' that only PRS' HealthPLUS system will be able to provide, believes Mr Noon.

"There is a tremendous resource in community pharmacies that can reach the community," he says. For example, a diabetic may not want to go to the doctor, but the pharmacist would be able to access the system and help. "That's what we can do with network systems as you can move clinical data about. We should be integrating those systems. Pharmacists have got to have good communication with the GP."

PRS and PharMed were set up to develop electronic networks to allow pharmacies to connect into the NHSnet. PRS has based its systems on the use of ISDN connections, but PharMed opted for a standard internet link. However, the recent NHSE guidance indicates GPs will link by ISDN to what is termed the GPnet.

So how will this affect PharMed? The company points out that its system is easy to install and use and does not require costly ISDN lines, although it can use ISDN.

"GPnet is an initiative to link GPs to the NHSnet using ISDN lines. We do not believe it currently includes pharmacy, and the profession still faces several issues in trying to comply with the NHSnet code of connection," says PharMed. "ISDN is only a telecommunications standard, not a networking standard and is not a problem for PharMed or potential customers."

"It is our intention to support the latest technology while offering customers cheaper alternatives; they therefore have the freedom to use a solution right for their individual business needs."

As to time frame, Mr Davies adds: "While there is no rush, we would advise pharmacists to ask their computer system suppliers what they will need to enable electronic prescribing in their pharmacy, and to think about preparing for the future."

As the new structures in the NHS develop, Mediphase believes that integrated pharmacy systems will not only be necessary to improve business efficiencies, but will also be a requirement if pharmacy is to provide quality data within a primary care group arena.

"The introduction of PCs in April 1999 will undoubtedly be the catalyst for these integrated systems within community pharmacy," says sales manager Ian Taylor. "Progression towards the use of IT in all aspects of patient record management is undoubtedly in the interest of the patient."

The requirement for new revenue streams within community pharmacy may be partly fulfilled by direct payments from manufacturers for advising and counselling patients over their products. "Additional revenue will only be forthcoming from these services provided pharmacy has the ability to log and audit their processes."

In addition, Mr Taylor points out that pharmacists will need access to efficient technology if time is to be made available for the development of the extended role. For example, active involvement in medicines management will require access to rapid communication links with other health professionals.

However, he warns of the major obstacle to the realisation of these developments - the unwillingness of the NHS or the independent pharmacists to support the capital expenditure required to set up a network. "Unless this bottleneck is released, only the multiples and supermarkets will be in a position to exploit the 'New Age' of pharmacy."

Glossary

API - attachment packet interface - a standard for connecting one piece of the computer to another eg the CD-ROM drive to the main hard disk so that the parts can talk to each other
applets - a program that operates within another program
browser - the system your computer uses to surf the internet or look at lots of different internet sites while looking for specific information
clinical domain level - the section of the NHSnet that will contain the clinical data relating to patients and will need to be secure from unwanted/unauthorised access
connectivity - how well differently programmed systems can work together
e-mail - the term used for messages sent from one terminal to another intended solely for the recipient and distinct from the web
EPR - electronic patient record - to be used in the NHSnet as a record of patients medication
firewall - a way to prevent unauthorised access into a system so protecting the data's integrity
intranet - a closed system of computers which can talk to each other, but not to the greater world - it can be on a local or national basis, but is only accessible to those authorised to use it
internet - the worldwide network for computers that has (fairly) open access
IP - internet protocol - the standard

programming requirements to allow connection to the internet
ISDN - integrated services digital network - a way to send electronic messages digitally, rather than by analog or standard pulsed means, which should reduce the amount of error introduced into the transmitted data
IT - information technology - anything to do with computers and electronic means of storing, transferring and using data
Java - a programming language often used for designing internet programmes and sites
LAN - local area network - a close grouping of computers networked together, possibly as an intranet, or linked to the outside world via a router
Mb - megabytes - the memory capacity of the computer
NHSnet - the Government's intranet which should allow all parts of the NHS and suppliers to talk to each other electronically
NT - a form of the Windows program designed for more than one computer terminal usage, so better suited for office/business environments
RFA4+ - a programming standard to be used to connect GPs to the NHSnet
router - a means of connecting one LAN to another to transfer data
TCP/IP - transmission control protocol/internet protocol - the standard programming requirements to allow connection to the internet
www - world wide web - a collection of individual sites and pages on the internet

enter

a more efficient prescription system.

Electronic prescriptions can improve everyone's future.

There's no question about it. Receiving prescriptions over secure electronic links is undoubtedly the way forward for pharmacies.

By linking surgery and pharmacy PCs, a script can be in the pharmacy, ready for processing, before the patient arrives. This means far more controllable and productive time management - and the potential for eliminating peak-period problems.

But that's not all. Electronic prescribing can also bring improved accuracy and provide the facility for pharmacists and doctors to communicate far more effectively than ever before.

But what will it all mean to your pharmacy? And how can you ensure that the system being developed will be right for you?

PharMed has been established as a non-profit making organisation to facilitate an industry standard in electronic messaging. With the initial

emphasis on electronic prescribing, a national advisory panel of healthcare industry representatives has already been established to help guide and influence our development.

The next stage is to make sure individual pharmacists and GPs are not only kept up to date with all current trends and issues, but also have an ongoing forum for dialogue. Only by listening to, and carefully considering, everyone's views can the system progress properly.

Your opinions matter, and as the introduction of electronic prescribing moves closer, they will be increasingly important.

To ensure that PharMed can keep you fully informed of all of the on-going developments and to take the opportunity to have your say, please return the attached form by post or fax or visit the PharMed web site.

Orchard House, Newton Road, Bromsgrove, Worcestershire, B60 3EA
Telephone 01527 871958, Facsimile 01527 871420
<http://www.pharmed.org.uk>

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NAME	E-MAIL ADDRESS
ADDRESS	WHAT IS YOUR JOB FUNCTION? <input type="checkbox"/> PHARMACIST
	OTHER (PLEASE SPECIFY)
POSTCODE	CURRENT COMPUTER
TELEPHONE	SYSTEM SUPPLIER
FAX	

DOUBLE

Sankyo Pharma launch into
double billing of



Movelat Relief® contains mucopolysaccharide polysulphate (MPS) and salicylic acid PH. Eur.



MOVELAT/ MOVELAT RELIEF ABBREVIATED PRODUCT INFORMATION: **Presentation:** Movelat/Movelat Relief Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph. Eur. 2.0% w/w in a white cream base. Movelat/ Movelat Relief Gel contains the same active constituents in a colourless gel base. **Indications:** Movelat/ Movelat Relief is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of muscular pain and stiffness, sprains and strains, and pain due to rheumatic and non-serious arthritic conditions. **Dosage:** Adults, the elderly and children over 12 years: Movelat/Movelat Relief Cream: Two to six inches (5-15cm) to be massaged into the affected area up to four times daily. Movelat/ Movelat Relief Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times daily. **Contra-indications:** Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes. **Precautions:** For external use only. Not to be used during the first trimester or during late pregnancy. Side-effects: Allergic skin reactions may occur in individuals sensitive to salicylates. **Legal Category:** P. **Pack Details:** Movelat/Movelat Relief Cream (PL 8265/0008), Movelat/Movelat Relief Gel (PL 8265/0009). **Trade Prices:** £3.99 per 80g tube, £2.51 per 40g tube. **Retail Price:** £6.99 per 80g tube, £4.40 per 40g tube. Full product information is available on request from the **Product Licence Holder:** Sankyo Pharma UK Limited, Repton Place, Amersham. **Date of Preparation:** January 1999. **PROPAIN TABLETS ABBREVIATED PRODUCT INFORMATION:** **Presentation:** Yellow compressed tablets with a scored bisect line on one side, each containing: paracetamol 8P 400mg; codeine phosphate 8P 10mg, diphenhydramine hydrochloride BP 5mg, caffeine BP 50mg. **Indications:** Treatment of migraine, headache, muscular pain, period pain and toothache. Also for the symptomatic relief of influenza, feverishness and colds. **Dosage:** Adults, the elderly and children over 12 years of age: 1 to 2 tablets every four hours up to a maximum of 10 tablets in 24 hours. **Contra-indications:** Propain is contra-indicated in patients with known hepatic or renal impairment and during pregnancy or lactation. **Warnings:** Propain may cause drowsiness and affected individuals should not drive or operate machinery. **Precautions:** The effect of alcohol and other sedatives may be potentiated. Excessive intake of caffeine-containing drinks should be avoided. **Legal Category:** P. **Pack Details:** Propain tablets (PL 0542/0015R). **Trade Prices:** 12 tablets £1.31 (R.S.P. £2.30), 24 tablets £2.25 (R.S.P. £3.95). **Product Licence Holder:** Farillon Ltd, Romford RM3 8UE. Full product information is available from: Sankyo Pharma UK Limited, Repton Place, Amersham HP7 9LP. **Date of Preparation:** January 1999. PMRD9901T



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Taking precautions

The internet can be a great resource, but if you want to join the NHSnet, you will have to make sure the 'internet nasties', let alone the millennium bug, can't corrupt the system.

One of the key factors delaying the entry of health professions into the NHSnet is security. The NHS, quite rightly, is being particularly stringent in setting exacting safety standards to protect patients' confidentiality. And although the pharmacy computer systems suppliers are developing 'firewalls' to protect against cross-overs of stored information to unauthorised sources or to reduce the likelihood of viral infection, some pharmacists may ignore the need for such security measures due to expense.

Don't think that you will be able to join the NHSnet if you cannot demonstrate adequate protection. As such, computer suppliers recommend that you take steps to prevent a link between your patient data and the internet.

Ideally you should have two stand-alone systems. One should be dedicated solely to pharmacy practice. The other could be used as your internet access. However, you should not transfer data or programmes - and especially not games - from the internet, or any other internet linked system into your pharmacy services computer.

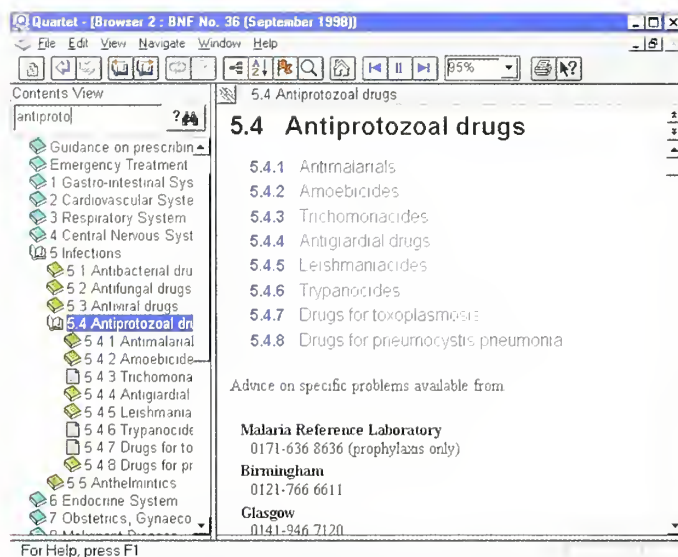
Also, be wary of games or programmes that come free with magazines. Not even these can be virus-proof.

If it is not feasible to have two separate systems, you must ensure that the firewall in your single computer is sufficiently incorruptible to prevent access. Standards will be issued by the Government and systems will no doubt have to be accredited and in place before you are allowed to link up to the NHSnet.

Why not seize the 'opportunity' presented by the millennium bug to take advantage of one of the new pharmacy computer systems that have been introduced over the past few months and upgrade your current system? Keep the old one for your business records and, by transferring your pharmacy data onto the new computer, you will have freed up space to access the internet on a system which is slightly less crucial if something goes wrong.

One other word of warning. Before Christmas, a psychologist described internet addiction, claiming that nearly half of regular internet users are addicted to it and spend on average up to 60 hours per week on-line.

Although Dr Helen Petrie of the



Quartet Software has a web version of its eBNF product

University of Hertfordshire thought this might be an overestimation, it is easy to lose track of time as you search the web to satisfy your craving with new pages. She wondered when surfers were able to eat, sleep or take healthy exercise.

Web of intrigue



Chemist & Druggist's internet site, **dotpharmacy**, continues to grow in popularity. It now attracts almost 1,000 page hits every day, which is very good for such a specialist site, says webmaster Geoff Le Prevost.

Improvements include a list of recently-added pages, accessed from the 'New' icon on the contents page.

"New visitors to the site will want to browse," he says. "But regular visitors want a better indication of the pages they haven't seen before."

Dotpharmacy is now also host to the Pharmaceutical Society of Northern Ireland's web site which can be accessed from the **dotpharmacy** contents page.

Dotpharmacy carries weekly updates from the news pages of *Chemist & Druggist* and also keeps archives from the past three years.

Pharmacists using **Pharmacy Update** distance learning can keep up to date with modules which also appear on the site.

The site can be found at www.dotpharmacy.com; the PSNI site is www.dotpharmacy.com/psni

BNF intranet in final tests

The British National Formulary is undergoing final tests in a new electronic format. Server software should be ready for release in April, which will let users access the BNF via web browsers on an intranet.

Two independently produced versions have been developed, with different arrangements for data and software supply. The BNF's joint publishers, the Royal Pharmaceutical Society and the British Medical Association, envisage that customers' choice of software will depend on the level of support required and the hardware they use.

The first of these systems has been developed by Quartet Software, which has produced a web version of its eBNF product and works along similar lines to the eBNF. To use the Quartet BNF will require an NT server and client browsers capable of supporting frames - eg Internet Explorer or Netscape version 2.10 or later. It does not use Java applets and should be appropriate for use with less up-to-date software.

Quartet will issue details soon about an evaluation version for a closed web site. For more details, contact Barry Thomas on 01335 370655 or e-mail barry@quartet.co.uk. The Quartet web site is www.quartet.co.uk.

The Clinical & Biomedical Computing Unit at Cambridge Computing Unit at Cambridge has been developed as part of a collaborative research project. A CBCU researcher will be responsible for co-ordinating user feedback and liaising with hospitals that wish to contribute to the project.

Work is going into a software package to integrate local formularies with the WebNF, as well as developing drug interactions and other warnings, linking to EPR systems and also to external information sources. It

Solpadeine Capsules, Solpadeine Soluble Tablets

Product Information Presentation: Each tablet, soluble or capsule contains Paracetamol Ph Eur 500 mg and Codeine Phosphate Ph Eur 8 mg and Caffeine Ph Eur 30 mg. **Uses:** migraine, headache, rheumatic pain, period pain, toothache, neuralgia, sore throat and feverishness, symptoms of colds and influenza. **Dosage and administration:** Adults and children, 12 years and over: Two capsules/tablets up to four times daily. Not more than 8 capsules/tablets in 24 hours. Children under 12 years: Not recommended. Solpadeine Soluble tablets must be dissolved in water before taking. Do not exceed the stated dose. **Contraindications:** Hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe renal or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Caution required in patients taking warfarin or other coumatins, anticoagulants, domperidone, metoclopramide, cholestyramine, monoamine-oxidase inhibitors. Not to be taken concurrently with other paracetamol-containing products. Avoid in pregnancy unless advised by a doctor. Not contraindicated in breastfeeding. Solpadeine Soluble: tablet contains 427 mg of sodium paracetamol. **Side effects:** Paracetamol: rarely, hypersensitivity including skin rash; very rarely, of blood dyscrasias (not necessarily causally related). Codeine: constipation, nausea, dizziness and drowsiness. **Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Category:** PCOI. **Product licence number:** 0071/0186, Soluble Tablets: 0071/S091, Tablets: 0071/0396. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Quantity and RSP:** 12 capsules £1.99, 24 capsules £3.29, 36 capsules £4.29, 72 capsules £6.99, 12 soluble tablets £3.79, 24 soluble tablets £6.80, 36 soluble tablets £10.49, 72 soluble tablets £16.99. **BNF reference:** P. 233. **Date of last revision:** June 1998. Solpadeine is a trade name.

Solpadeine MAX

Product Information. Presentation: Red film capsule shaped tablets embossed 'MAX' on one side, containing Paracetamol Ph Eur 500 mg and Codeine Phosphate Hemihydrate Ph Eur 12.8 mg. **Uses:** headache, migraine, sinusitis, dental pain, non-serious arthritis and rheumatism, sciatica, lumbago, strains, sprains, dysmenorrhoea, sore throat and feverishness, symptoms of colds and influenza; essential for pain which requires stronger analgesics such as paracetamol or aspirin alone. **Dosage and administration:** Adults: Two tablets up to four times a day. Do not take more than two tablets in any 24 hours. Do not exceed the stated dose, continue dosage for more than 10 days without consulting a doctor. Children (under 12 years): Not recommended. **Contraindications:** Known allergy to ingredients. **Precautions:** Use with caution in patients with severe or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Not to be taken concurrently with other paracetamol-containing products. Caution required in patients taking metoclopramide, domperidone, cholestyramine, anticoagulants. Effect of CNS depressants (including alcohol) may be potentiated. Patients should be advised not to drive or operate machinery if affected by dizziness or sedation. Caution in pregnancy and lactation unless advised by a doctor. **Side effects:** Hypersensitivity including skin rash; rare reactions of blood dyscrasias (not necessarily causally related); constipation, nausea, dizziness and drowsiness. **Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal Category:** P. **Product licence number:** 00071/0233. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Presentation and RSP:** 20 tablets £3.65. **Date of preparation:** February 1998. Solpadeine is a trade name.

SB SmithKline Beecham Consumer Healthcare

Continued on P30 →

A POWERFUL RECOMMENDATION



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Paracetamol and Codeine

It pays to recommend Solpadeine – the Number One pharmacy analgesic.¹

WHY?

Because Solpadeine (paracetamol, codeine, caffeine) and Solpadeine MAX (maximum strength paracetamol and codeine) can offer your customers the powerful pain relief that they are looking for.

And because Solpadeine customers have the highest loyalty of any analgesic customers and visit your shop to purchase them significantly more frequently than any other analgesic customer.²

Powerful reasons why it pays to recommend Solpadeine – and Solpadeine MAX.

THE No. 1 PHARMACY ANALGESIC

→Continued from P28

requires an NT server and client browsers capable of running Java applets - eg Netscape 3.0 or Internet Explorer 3.0 and above.

Server software should be made available for free through the internet or on a CD, and licensing and distribution will work along similar lines to that used currently with eBNF.

Further information about the WeBNF can be found at www.bnf.cbcn.cam.ac.uk. Otherwise contact Simon Boisseau or Jane Weir at the Pharmaceutical Press, c/o the RPSGB, tel: 0171 735 9141.

● The eBNF, using a CD-ROM, was launched by the Pharmaceutical Press last year. The eBNF Browser runs in Microsoft Windows 3.1 or higher, and requires at least a 486 processor with 8 MB of RAM, although 16 MB is recommended, and 24 MB of hard disk space. Annual subscriptions start at £60 for single users, but rates are available, on request for 20 or more users.

To order, contact the **Pharmaceutical Press at PO Box 151, Wallingford, Oxon, OX10 8QU. Tel 01491 826090.**

PRS increases counselling programmes

Practice Resource Systems is adding another 13 counselling programmes to its HealthPLUS system. This comprises 12 HRT products and a statin. Early this year it is looking to offer screening programmes, which are currently in pharmacy tests.

PRS announced the first lot of counselling programmes last spring (C&D March 21, 1998, p6) with Sanofi Winthrop's Tridesta. This was followed in the summer with another five companies signing up to the service. Pharmacies are paid by manufacturers to counsel a patient about their product when dispensed, and for follow up queries. Fees range from about £1.80 to £5 per patient.

Recently, PRS completed development of 'Easy Start', says managing director Gary Noon. This uses a standard telephone line and modem; most standard pharmacy computer systems can run it. This will allow pharmacists access to the majority of PRS' services, including the counselling programmes.

Mr Noon stresses that HealthPLUS should be seen as a networking system, rather than necessarily being a pharmacy computer system.

For most pharmacists, HealthPLUS will tick away 'in the background' - "we are not really the front end supplier" - but larger users will want server bases and develop a virtual warehouse, suggests Mr Noon. "It's

because we have built a secure data centre we can do all these things."

HealthPLUS is an open system with interface programmes for GP and pharmacy systems operating *in situ* for the past year. Interface documentation is offered to all system suppliers, along with free technical consultant support so that the pharmacist can choose to stay with their preferred PMR supplier while having access to HealthPLUS.

In terms of speed, "The instant availability of a message on sending is also seen as critical because patients can and do arrive at a pharmacy within minutes of seeing their doctor," says Mr Noon.

Other facilities offered by the company include: patient registration with encrypted identification backing an audit trail; patient OTC usage/interaction data capture; and diagnostics.

PRS can be contacted at Cherry Orchard West, Kembrey Park, Swindon, Wiltshire SN2 6UP. Tel: 01793 526777. Web site: www.healthplusuk.com.

Customised C&D Price Lists planned

The C&D Price List is preparing to launch a customised electronic database service in the spring. This will allow electronic Price List subscribers to have electronic databases generated by whichever product classes a client requires.

The customised database is designed for those who feel either the complete or partial database does not satisfy their need. Users will be able to select which categories or parts of the whole database they require.

The complete database subscription includes everything in the Price List, EAN codes, product classifications and till roll facility. The partial database limits product data to OTC medicines and ethical products.

Databases are updated on a weekly basis, and the generic database and manufacturers' names and addresses are updated at the same time as the paper version. To subscribe to the database services costs an annual fee of £400-£500 depending on business size. There is a one off installation fee of £3,000 for the complete database or £1,750 for the partial one.

For further details, call Colin Simpson at C&D on 01732 377407.

Finding the solution

Positive Solutions says that people are finding it hard to believe that its EPOs system is a till, as it is so compact.

Its new touch screen EPOs system is built into a PC that occupies no more space than a sheet of A4 paper. Yet it can incorporate a customer display, a CD-ROM drive, a magnetic stripe

reader and a smart card reader.

"Counter space in a pharmacy is arguably the most valuable selling area of the shop," says PS' sales director Linda Davies.

Using Windows to simplify EPOs implementation at the counter, she claims that the system is simple to use. As the user interface (the part the operator sees) can be changed or rearranged, and is not dependent on keyboard layout, it can be made to suit a particular circumstance or situation.

This year also saw the launch of time zone pricing and electronic shelf edge labelling (ESEL), designed to allow prices to be controlled remotely at specific times. For example, the LCD shelf edge display could be used for special price promotions whether over a few weeks or for 'happy hour' purchasing on selected lines.

For further details contact Positive Solutions at Solutions House, School Lane, Brinscall, nr Chorley, Lancs PR6 8QP. Tel: 01254 833300. E-mail: mail@positive-solutions.co.uk.

Keeping pace with stock

Stock control may not be one of the pharmacist's strong points when it comes to business management.

But using IT is probably more accurate than relying on scraps of paper. Finding that there wasn't a reasonably priced stock control system with pharmacy specific features, led pharmacist Mahesh Saujani to develop Pacemaker.

This is an electronic point of ordering (EPOo) system for community pharmacies. It aims to make the most of varying prices when ordering in new stock, as the "one and only criteria used is the deal price". Users will be able to order items from the usual local supplier, but should also highlight promotional deals from other suppliers, too.

Features include displaying profit from an individual sale and a facility to store company sales representatives'

offer promises. Pacemaker should also track out of date and damaged stock for returning to the rep.

Pacemaker is not connected to the till, having its own PC, and is Windows based. The cost of the basic system including hardware and the software licence is £1,550 plus VAT.

Further details about Pacemaker are available from PharmaTECH Software Systems at 98 Tooting High Street, London, SW17 0RR. Tel: 0181 672 4855. E-mail: sales@pbarmat.co.uk.

From computerised endorsing to head office

In 1992, Mediphase was the first system to have computerised prescription endorsement for community pharmacies.

Since then it has expanded its MEDIPHASE to a head office version. This uses Windows NT software to allow central reporting and to produce "quality management information". Specified information is collated by polling individual branches overnight, allowing reports to be shown at branch level or consolidated for the group. The system is being used in groups of between six and 100 pharmacies, with the total customer base standing at 2,900.

Mediphase offers to provide free computer systems to the UniChem customer base at no charge, and a new computer is offered to the customer after three years, free of charge.

Standard MEDIPHASE hardware comprises: Pentium 333Mhz; 32MB RAM; 2.1GB HD; external 56k modem; internal backup device; 2 x dot matrix printers; Windows 95; one year's site maintenance. The monthly software fee is £79 and the second and third year's maintenance inclusive is £385, both figures subject to VAT.

Mediphase can be contacted at Regent House, 21 Church Road, Stanmore, Middx. HA7 4AR. Tel: 0181 357 5700. E-mail: enquiry@mediphase.co.uk.

Description	Pack	Direct?	Stock Today	Avg Wkly Sale	Qty To Order
ACTIFED COMP LINC 100ML	12	✓	0	0	£
ACTIFED EXPECT 100ML	12	□	0	0	£
ACTIFED SYR 100ML	12	✓	0	0	£
ACTIFED TABS 12	12	□	0	0	£
BENLYN 4-FLU HOT ORNK SACH 5	12	✓	0	0	£
BENLYN 4-FLU LIQ 200ML	12	✓	0	0	£
BENLYN 4-FLU TABS 24	12	✓	0	0	£
BENLYN CHESTY COUGH 125ML	24	✓	0	0	£
BENLYN CHILDS C&C 125ML	12	✓	0	0	£
BENLYN CHILDS CHEST 125ML	12	✓	0	0	£
BENLYN CHILDS DRY 125ML	12	✓	0	0	£
BENLYN CHILDS NITE 125ML	12	✓	0	0	£
BENLYN COF & CONGEST 125ML	24	✓	0	0	£

Form View 6 Warner Lambert Consumer Prepare Order FTR NUM

Start promotional material - Mic Microsoft Access - IS... Microsoft Word - Document1

Pacemaker was developed to aid in stock ordering

Head office option

NDC JRC's Sunrise pharmacy software now includes a head office option.

This allows for remote configuration enabling such facilities across a group such as: ensuring broken bulk is accounted for; that specific lines are always dispensed in preference; and that drug interaction checking is set to the same period of times within all the pharmacies in the group.

The Sunrise system itself has been developed with the potential for future developments, such as connection to the NHSnet. Besides core functions such as labelling, PMRs, and drug interactions, the system has other integrated features. **NDC JRC can be contacted at St Benedict's House, Brown Lane, Bamber Bridge, Preston, Lancs PR5 6ZB. Tel: 01772 323763.**

NDC's acquisitions shape pharmacy IT sector

Last week, news broke that JRC had been acquired by National Data Corporation, a leading provider of health information services in the US (C&D January 9, p28).

NDC's acquisition from Taylor Nelson brings JRC alongside Hadley Hutt and Chemtec, which were acquired by NDC last year. Between them, they represent 4,000 pharmacy

systems in the UK, or about a third of the total market.

NDC Health Information Services managing director in the UK, Nancy Briggs, hinted that after this third acquisition there would be a period of consolidation: "We would never absolutely rule out adding to the group, but at the moment, we are very happy with the size of it."

Customers should not notice any real change to start with, said Ms Briggs. "In the short term it is 'business as usual', but in future it will be 'business better than usual'. We will try to do the integration as quickly as we can but we want to make sure we do not interrupt customer services."

Asked whether the US parent company's background will shape the future of pharmacy information technology in the UK, Ms Briggs agreed that the UK company will have access to a lot of expertise from the US, but added: "All of us are very committed to providing products and services that are applicable to the UK. This is a different environment. We are keen to acquire local expertise and that will be very influential."

The company is planning to officially launch its new name later this year, but, in the meantime, the three entities will continue to be known as NDC Hadley Hutt, NDC Chemtec and NDC JRC.

Reaction from an independent computer supplier, Pro Choice

Applications, suggests the acquisition is part of a series of events, including the other recent takeovers and new launches of companies that "are an indicator of further much more revolutionary changes imminent in the market place".

PCA's managing director David Rogers said: "I think we have to thank the recent NHS IT strategy document for providing us with the vehicle to bring pharmacy centre stage in the health service and to show just how vital and central a role we will play."

"I view this latest development as a barometer of what is going on in the market place as a whole. We are on the verge of a major breakthrough of recognition of the pharmacist's true role in healthcare."

PCA has not yet been approached by NDC. However, Mr Rogers believed that this may be due to PCA being launched relatively recently so was not yet able to match JRC's number of users. "It is interesting that all the new users we have acquired are former Hadley Hutt or Sunrise users."

Mr Rogers urged caution on NDC if it intended to implement a US transactional model that was not applicable to the UK market. "We have spent much time developing a service-based model which will utilise the technology as a tool to the further expansion of pharmaceutical services. Health improvement programmes, diagnostic testing,



Pro Choice Application's Pharmacy Software

screening and data capture will form the basis of an integrated solution which links contractors, prescribing advisers and primary care groups together. If NDC want to work to support pharmacy with a service driven model, we will be more than happy to talk to them."

One other comment that has been made elsewhere in the pharmacy IT sector is to question the motive of NDC, a major data information company, in entering the UK pharmacy market. Another data company, IMS, also has an interest in pharmacy, being the ultimate owners of Mediphase. The anonymous voice fears that such large data companies may ultimately want to shape UK pharmacy to their own needs, rather than for the benefit of pharmacy.

BACK PAIN

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PARAMOL®

POWERFUL PAIN RELIEF YOU CAN CONFIDENTLY
RECOMMEND FOR MIGRAINE, BACK PAIN, PERIOD PAIN,
DENTAL PAIN, HEADACHE AND FEVER.

Abbreviated Product Information. Presentation: White tablet engraved PARAMOL containing 500mg Paracetamol BP and 746mg Dihydrocodeine Tartrate BP. **Indications:** For the treatment of mild to moderate pain, including headache, migraine, feversh conditions, period pains, toothache and other dental pain, backache and other muscular pain and also as an anti-pyretic. **Legal Category:** P. **Product Licence Holder:** Seton Products Ltd, Oldham. PARAMOL is a Registered Trade Mark. Further information is available on request from the Licence Holder.

 Seton
Healthcare Group plc

Pointing to the future

AAH Pharmaceuticals is to begin beta testing its Point network at the end of this month. Ten AAH Link customers near to the AAH headquarters in Coventry will be the first to try the private intranet-type system, but it is hoped that test numbers will be increased to about 80 by the end of April. These will include independent pharmacies and multiples, hospitals and suppliers.

AAH aims to provide secure, instantaneous access to services such as stock ordering, announcements, monthly offers, AAH's extensive COSHH data sheet database and its on-line living aids catalogue. Notice boards for Point user groups, such as for Vantage members or hospitals, will be set up and the system will also allow provide for e-mail.

Initially, Point should allow pharmacists and other users the opportunity to improve business services, but in time may also provide 'professional' data. This could include product counselling facilities.

To use Point, users dial a dedicated server, ICL, via a modem on a private telephone line with an 0845 number. ICL makes overt and covert checks to authenticate the dialler and then allows access into the AAH domain. At no point in the process does the user enter the internet 'cloud', helping keep the network secure.

Security has been addressed both to protect AAH's own databases, but also in anticipation for the NHS levels of security. If requested, AAH can provide users with access to the internet, on a restricted basis if necessary, via a proxy link, but at several stages on the pathway between the Point user and the internet cloud there are firewalls and other security checks (see diagram).

AAH Pharmaceuticals's marketing manager for customer technology, David Watkinson, hopes that Point will provide pharmacists with a useful web facility that will be "operational".

Explaining the development of an alternative system to the regular internet, Mr Watkinson believes there is a lot of frustration in trying to find interesting or useful sites on the worldwide web, as well as being slow.

"It ought to be an enabler. Hopefully, Point will be a useful service and users will value it," he says. "For a busy pharmacist, there has to be a purpose for them to use the web. We asked ourselves what would improve pharmacists' businesses and our thoughts extend five to six years into the future. We are asking, if that is where we want to be, what are the first stepping stones to that position?"

To encourage pharmacists to use Point, AAH has designed the system to

run as fast as possible. This means the screen displays text only, giving the screen a surprisingly plain appearance. Slowing devices, such as graphics and other extraneous data, have been suppressed. Speed is also increased by having a dedicated access. Use of a mouse is minimised as the system is designed to run by key strokes.

Stock queries can be made without needing to phone the AAH warehouse and speak to an operator. Instead, keying in the product either by name or code will show stock availability. Use of different colours will show whether an item is in stock for the next van delivery, whether it needs to be transferred from another location or if AAH is out of stock. Stock can then be ordered or order lists checked.

Similarly, AAH customers can find out their account status, which will be current. This will allow month on month comparisons or access to VAT information to make a VAT reclaim.

"We want to be open to allow users to see their own data," says Mr Watkinson.

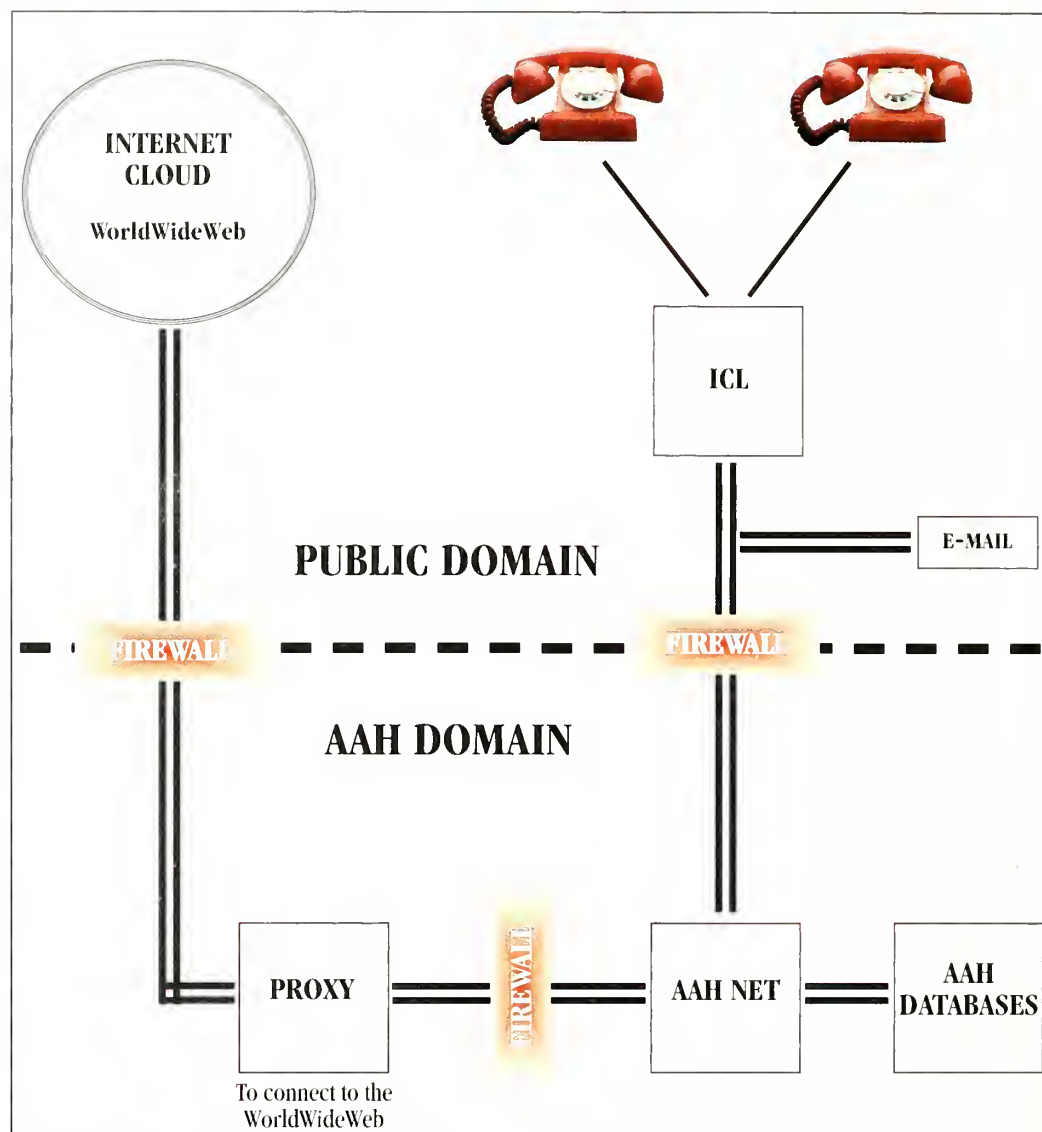
Point is designed to run with Windows 95. Although this means it should be able to run alongside the dispensary system if necessary, this would slow the system down, and AAH would like to see an increasing use of multi-terminal networks within all pharmacies. "The days of pharmacists living off a single screen are far behind," says Mr Watkinson. Pharmacists should replace their computer at least every four years, he recommends, but adds AAH is trying to encourage pharmacists to have a two to three year replacement cycle. They should also be planning and budgeting for IT investment on a regular basis.

Fee structures have yet to be decided and this will depend significantly on feedback over the next few months. However, it is likely there will be a monthly fee for connection to ICL plus the price of

local rate phone calls. AAH expects pharmacists will use the system as a dial up service, but this is what we want to get out of the proof of concept".

Addressing employer concerns that employees may be using the internet inappropriately, by directing access to the internet via AAH, the Point user can request that access be denied or access be constrained to certain predetermined web sites, with no linking to others. It can also be selective as to which stores within a group have such access, if preferred.

With the trend increasing in the number of pharmacy multiples, e-mail is seen as a "big win situation" as it will allow branches to communicate within their own group, as well as to the outside world. AAH made a conscious decision over this not to include the e-mail facility within its domain, so that users' e-mail would remain private and not flow through AAH.



The answer is clear

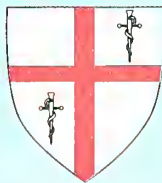
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Indication: Salbutamol Inhalation Solution 2.5mg: Steripoules containing 3mg salbutamol sulphate Ph. Eur. equivalent to 2.5mg salbutamol (1mg/ml). Salbutamol Inhalation Solution 5.0mg: Steripoules containing 6mg of salbutamol sulphate Ph. Eur. equivalent to 5mg salbutamol (2mg/ml). **Use:** Routine management of chronic bronchospasm unresponsive to conventional therapy and treatment of acute severe bronchial asthma. **Dosage and administration:** Adults, Elderly and Children Over 18 months: 2.5mg via a nebuliser up to 3 - 4 times daily. The dose may be increased to 5mg 3 - 4 times daily if required. Clinical efficacy in children under 18 months is uncertain; to avoid any risk of transient hypoxaemia, supplemental oxygen should be administered. **Contra-indications:** Subjects hypersensitive to salbutamol or any components of the solution. This product should not be used for the management of premature labour or threatened abortion. **Warnings:** Use only under the direction of a physician. Not to be administered by injection or orally. If efficacy diminishes, do not increase the dose without consult a physician. Use with care in subjects who have received large doses of other sympathomimetics or those suffering from thyrotoxicosis. No known effects on driving/ability to use machines. **Interactions:** Hypokalaemia can be potentiated by concurrent use of xanthine derivatives. Salbutamol and non-selective beta-blockers should not usually be co-administered. Acute angle-closure glaucoma has been reported following a combination of salbutamol and ipratropium. **Pregnancy and lactation:** Inadequate evidence of safety in early pregnancy. Salbutamol is probably secreted into breast milk. Use only if expected benefits outweigh risks to foetus or neonate. **Adverse effects:** Headache, mouth and throat irritation, hyperexcitability in children, muscle cramps. A small increase in heart rate is common. ECG changes are rare. Peripheral vasodilation and a fine muscle tremor may accompany high doses. Solutions that are not of neutral pH may cause paradoxical bronchospasm. If this occurs, discontinue therapy immediately. **Overdose:** Reflex tachycardia is the most common symptom of overdose. The appropriate antidote is a cardioselective beta-blocker, however, such drugs should be administered with caution especially in patients with a history of bronchospasm. **Legal category:** POM. **PL Number:** Salbutamol 2.5mg (1mg/ml) 16900/0006. Salbutamol 5.0mg (2mg/ml) 16900/0007. **Product Licence Holder:** Dallas Burston Healthcare Ltd., Brixworth, Northampton NN6 9DQ. **Distributor:** Bartholomew Rhodes Ltd., Brixworth, Northampton NN6 9DQ. **Package Quantity and Basic NHS Price:** Salbutamol Inhalation Solution 2.5mg Cartons containing 20 Steripoules: £5.64. Salbutamol Inhalation Solution 5.0mg Cartons containing 20 Steripoules: £11.50. Steripoules® is a Registered Trademark of Dallas Burston Ashbourne Ltd.

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Active Ingredients: Each tablet contains standardised senna equivalent to 7.5mg total sennosides. Each 5ml spoonful of Syrup contains standardised senna extract equivalent to 7.5mg total sennosides and 3.3g of sugar. Each 5ml (2.73g) spoonful of chocolate Granules contains standardised senna equivalent to 15mg total sennosides and 1.64g of sugar. **Indications:** Relief of constipation or non-persistent constipation. **Dosage**

Instructions: Adults and children over 12: Two Tablets in 24 hours, or two 5ml spoonfuls of Syrup, or a level 5ml spoonful of Granules, taken at night. Children 6-12: One 5ml spoonful of Syrup taken in the morning. Tablets and Granules to be taken only on a doctor's advice. Children under 6: Syrup to be taken only on a doctor's advice. Tablets and Granules not recommended. **Contraindications:** In common with other laxatives Senokot should not be given when undiagnosed acute or

persistent abdominal pain is present. **Precautions and Warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Do not take Senokot Syrup or Granules if you are a diabetic. **Side Effects:** Temporary mild griping may occur during change in dosage. **Retail Sale Price:** Tablets: 20 Tablets - £1.75, 60 Tablets - £3.99, 100 Tablets - £4.79. Syrup: 100ml - £3.05. Granules: 100g - £4.49. **Marketing**

Authorisations: Senokot Tablets 0063/S000R, Senokot Syrup 0063/S003R, Senokot Granules 0063/S002R. **Supply Classification:** Through registered pharmacies only. **Holder of Marketing Authorisations:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **Date of Preparation:** December 1998. Senokot and the sword and circle symbol are trademarks.

Late results

Pilot projects involving community pharmacists in repeat dispensing are coming to an end – but much later than expected. *C&D* reports on some of the findings

Most of the pilots investigating the community pharmacist's role in repeat dispensing have been delayed for various reasons. Some projects had teething problems, others are taking longer than expected to analyse the data. Most will not be published until later this spring. But many of the project managers contacted by *C&D* could at least say that results were encouraging.

Hopefully, these delays should not hinder the Government's new strategy for pharmacy. The Department of Health's Dianne Kennard says: "The strategy is taking longer than expected but we don't intend to hold up publication until we have received the final results of the pilots."

Backed by £1 million government funding, the pilots fell into two main groups. In the first, pharmacists issued repeat supplies of prescription medicines for a limited time or amount without further authorisation from a GP. In the second group, pharmacists assessed the needs of specific patients with a view to improving compliance and offering further support. Most pilots started in 1997.

Joint NPA/PSNC pilot

The main pilot was a joint project involving the National Pharmaceutical Association and Pharmaceutical Services Negotiating Committee, with results evaluated at the Universities of York and Aberdeen.

The pilot looked at repeat dispensing from the perspective of the pharmacists, the GPs and their staff, and patients. It also tested the following three variables.

- If there is any difference when the pharmacist gets paid a proportion of the drug cost savings as an incentive.
- Whether there is a difference if the repeat prescription form is kept in the pharmacy or with the patient.
- If there is any difference between urban and rural areas.



The aim was to recruit 5,000 patients from four health authorities. About 150 pharmacists took part.

The GPs wrote the amount of medicines to be issued over three months on a tripartite prescription form with two carbon copies below. The pharmacists dispensed the amount in monthly instalments, sending one part of the form each month to the Prescription Pricing Authority. The pharmacists received a dispensing fee regardless of whether or not the item was dispensed, so there was no disincentive to not dispense if the medication was not needed.

The study also measured drug cost savings and health outcomes, to see if patients improved or deteriorated

according to whether or not they obtained their repeat supplies.

The results have now been analysed, but the NPA and PSNC cannot comment on them until they have been published as a paper in a "learned journal", hopefully in March.

Health Authority pilots

Birmingham

The study was to evaluate the benefits, barriers and constraints to patients, pharmacists and GPs, of patients being able to have repeat prescriptions dispensed without going to the surgery.

Eight pharmacies, serving 350 patients from two GP practices, issued 28-day supplies on triplicate prescriptions. The pharmacists

received a £30 fee for each patient every three months, regardless of the number of consultations.

Initial results (*C&D* May 9, 1998, p7) showed that a large proportion of patients did not pick up the repeats, presumably because they were not needed. Doctors and patients have been enthusiastic about the scheme. The final results, being evaluated at Aston University, are expected soon.

Ealing, Hammersmith & Hounslow

This study looked at the pharmacist's role in managing an instalment service, together with the time implications of repeat dispensing for GP staff, pharmacists and patients.

The patients were stabilised on continuous therapy with five to eight drugs. The GPs issued up to six dated prescriptions which patients could take to any pharmacy, where the pharmacist filled in an intervention questionnaire checking for adverse reactions, etc, each time a repeat was requested. Records were kept of the intervals at which patients collected their supplies.

Project manager Sangeeta Sharma says there have been good results and publication is likely to be at the end of January. Most (90 per cent) of the patients used the same pharmacy for all their supplies.

Patients who had to pay prescription charges just paid one amount, regardless of the number of instalments. The evaluators are investigating whether people who have to pay for their medicines are more likely to take them.

East Surrey

Patients taking more than three chronic medications took prescriptions to one pharmacy of their choice. The pharmacist issued two monthly repeats on a tripartite prescription, checking for adverse reactions and interactions and monitoring how patients were benefiting from their medicines. Patients not coming in for further supplies were contacted to see why. After the third dispensing, the pharmacist carried out a full medication review and either asked the GP for another three month prescription or referred the patient back to the doctor.

Nearly 200 patients took part and there was a "very positive" response from them as well as from the GPs and pharmacists, says co-ordinator Anne Joshua. She believes savings have been made, but she cannot give details yet as the Prescription Pricing Authority has still to issue the relevant data. Researchers at Kent University were hoping to report in

Continued on P36 →

→Continued from P35

March through the Department of Health evaluation unit.

Kensington, Chelsea & Westminster

The project aimed to look at instalment dispensing of three categories of medicines – tuberculosis treatments, psychiatric medication and benzodiazepines or dihydrocodeine. The prescription form, similar to that used for methadone instalments, indicated at what intervals the medication should be dispensed, for a maximum 14 days' supply.

The project was to be assessed by a central evaluation team at the Department of Health. Tony Carson, community pharmacy facilitator, was unable to reveal any results at this stage but says there had been major problems recruiting patients.

"We were looking at patients who had been going to a pharmacy about once a month and making them come to the pharmacy every day or every other day," he says. By definition, psychiatric patients were vulnerable. "People with depression might not want to come in every day, and it seemed unfair to ask those who would benefit the most to come in every day for the six month trial then go back to the old system when the pilot ended. Because of these ethical dilemmas we didn't recruit as many patients as we had hoped," he says.

Sefton

This project is investigating how repeat prescriptions for antidepressants can be used as an opportunity to involve community pharmacists directly in patient care. Patients may present up to three prescriptions over six months – an initial prescription for two weeks, followed by up to two prescriptions, each for three months' treatment. The pharmacist's role is to ensure the patient receives an adequate dose of antidepressant for a minimum period, based on national guidelines.

Seven pharmacists are working closely with patients and GPs in counselling, helping concordance and monitoring side effects and responses to the antidepressant.

Project manager John Donoghue says: "The initial results are very encouraging – from everybody's perspective. We know from national research that only a minority of patients complete an adequate episode of antidepressant therapy. In this project the statistic is reversed – so far! Patients seem to be doing well, and are very pleased with the level of service provided by the pharmacists. The GPs are also delighted to see their patients doing well, and are

somewhat surprised that pharmacists are able to deliver this level of support – which also reduces the GPs' workload."

Pharmacists seem to find the work challenging but very rewarding, particularly in improving relationships with doctors and patients.

So far about 40 patients are taking part and over 100 are likely to be involved in total. The project is behind schedule but Mr Donoghue hopes a report will be presented to Sefton Health and the Department of Health by the end of April, after which it will be submitted for publication in a peer-reviewed journal.

Other projects

Five other health authorities ran projects in which pharmacists cared for specific patients, such as the elderly or those with heart disease.

East Lancashire

Sixteen community pharmacists assessed 63 patients who were identified by social and healthcare professionals as having problems adhering to medication. The pharmacists completed the CPPE distance learning packages on visiting patients at home and patient compliance, and attended two training sessions at the health authority. The other professionals were also trained to identify patients having medication problems and the referrals were made through a project implementation officer. The pharmacists then arranged a convenient time for the pharmaceutical assessment, usually in the patient's home. They received £40 per patient for the initial visit and £30 for a follow up if necessary.

On average, the patients were taking seven different medicines: 81 per cent were over 60, 40 per cent were considered to be housebound and 76 per cent were confused or forgetful. Pharmacists implemented a wide range of interventions, including changing dosage times, issuing medicines care cards and providing monitored dosage systems.

The evaluation tools were unable to measure quantitatively whether the scheme had improved compliance, although there was positive feedback from the patients and their carers. Reduction in drug wastage could not be measured but unwanted medicines worth £688 were removed for safe disposal by pharmacists.

The researchers suggested that pharmacists would need support with locum cover if domiciliary visits were to continue.

Leeds

This joint project between the health authority and Leeds University assessed how pharmacists can help

improve medication compliance in elderly people living at home.

Six pharmacists identified patients who might benefit, from their medication records. Between them the pharmacists visited over 140 patients between the ages of 65 and 95, who were living independently at home. After assessing compliance the pharmacists implemented an action plan at a second visit. Locum fees were paid to the pharmacists while training and while on domiciliary visits or discussing medication with GPs.

Two months later the project pharmacist, Jacky Nunney, visited the patients again to see if they were still following the pharmacists' advice.

She got the impression that the pharmacists enjoyed the exercise although it was hard work. "The elderly patients certainly appreciated the visit and being able to talk to the pharmacist face to face," she says.

The cost-effectiveness is being assessed and the results should be made public in February or March.

North Staffordshire

The project evaluated the impact community pharmacists could make on adherence to antihypertensive therapy. The first phase was a survey of patients' views about their medication. In the second phase, patients were randomly allocated to one of two groups. The control group had prescriptions dispensed in the usual way, while the second group received information from the pharmacist to help them understand and remember to take their medicines.

The study compared self-reported compliance rates and blood pressure control in both groups. The control and intervention pharmacists were paid to attend training days. The control pharmacists received £100 for a cohort of patients while the intervention group received £100 per patient successfully completing the study.

Says Jeff Bourne, health authority pharmaceutical adviser: "The results were encouraging. Our figures show that the pharmacist's input does have an effect, which became apparent at a relatively early stage."

Some GPs requested that a group of "difficult compliers" was studied specifically to see if the pharmacist's advice had more impact than the doctor's.

The results are likely to be published at the end of March.

South Derbyshire

The project is going well, but was late starting so the results are unlikely to be published before May, says project pharmacist Dianne Harris. Community pharmacists are working

with the local mental health teams looking after elderly patients with mental health problems who are living in the community. Twenty-four pharmacists have had two and a half days' specialist training but not all have made domiciliary visits yet. Their main role is to assist patients and carers with the management of medicines and medication-related problems. About 50 patients had been recruited by mid-December 1998.

St Helens & Knowsley

Five community pharmacists reviewed over 200 patients with stable angina at clinics in eight general practices.

The pharmacists considered six interventions – low-dose aspirin, a beta-blocker or ACE inhibitor, a statin, smoking cessation, diet or exercise. At the beginning of the study patients had negative attitudes towards lifestyle changes but by the final review they were making significant efforts on diet, exercise and giving up smoking.

The number of smokers decreased 3 per cent to 21 per cent, and those taking little or no exercise had fallen by 8 per cent to 57 per cent. There were significant improvements in diet, but although many lost weight the proportion overweight was largely unchanged.

All patients who could take aspirin were taking it by the end of the study. The number taking statins increased by 13 per cent to 37 per cent, which was regarded as the 'most satisfactory' intervention. There was little change in the prescribing of beta-blockers. Changes in nitrate prescribing resulted in improved control of angina.

Overall there were significant improvements in angina stability and frequency, treatment satisfaction and disease perception.

All the pharmacists regarded the study as a positive experience, which had satisfied or exceeded their initial expectations. Many of the GPs were keen to continue working with the pharmacists and suggested other areas of disease management. The patients readily accepted the pharmacist as an 'appropriate healthcare professional' to be involved in managing a serious medical condition. The pharmacists and patients thought the general practice, rather than the pharmacy, was the best place for the review clinics.

The researchers, who included primary care pharmacist Margaret Geoghegan, concluded there is a case for a larger study to determine the wider acceptability, costs and the impact on morbidity and mortality of this model of care for patients with stable angina.

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Getting involved in health promotion in 1999? *C&D's* guide to health events taking place this year could help you target your campaign to tie in with national initiatives



Arthritis Education Week

Start: 04/01/1999
End: 10/01/1999
Organisation: Arthritis Research Campaign
Tel: 01246 558033

Bug Busting Day

Start: 31/01/1999
Organisation: Community Hygiene Concern
Tel: 0181 341 7167

Contraceptive Awareness Week

Start: 08/02/1999
End: 13/02/1999
Organisation: Family Planning Assoc
Tel: 0171 923 5201

No Smoking Day

Start: 10/03/1999
Organisation: No Smoking Day
Tel: 0171 916 8070

Head Injury Week

Start: 15/03/1999
End: 21/03/1999
Organisation: Headway National Head Injuries Association
Tel: 0115 924 0800

World Health Day

Start: 07/04/1999
Organisation: UN Information Centre
Tel: 0171 630 1981

Lupus Awareness Week

Start: 10/04/1999
End: 17/04/1999
Organisation: Lupus UK
Tel: 01708 731251

Parkinson's Awareness Week

Start: 10/04/1999
End: 18/04/1999
Organisation: The Parkinson's

Disease Society
Tel: 0171 931 8080

National Cystic Fibrosis Week

Start: 17/04/1999
End: 25/04/1999
Organisation: Cystic Fibrosis Trust
Tel: 0171 535 7400

Mental Health Action Week

Start: 18/04/1999
End: 25/04/1999
Organisation: The Mental Health Foundation
Tel: 0171 535 7400

National Depression Campaign Week

Start: 19/04/1999
End: 23/04/1999
Organisation: National Depression Campaign
Tel: 0171 633 0557

National Eye Safety Week

Start: 22/04/1999
End: 28/04/1999
Organisation: Eye Care Information Service
Tel: 0171 357 7730

Arthritis Care Week

Start: 24/04/1999
End: 01/05/1999
Organisation: Arthritis Care
Tel: 0171 916 1500

Life with Bowel Cancer Week

Start: 26/04/1999
End: 02/05/1999
Organisation: Colon Cancer Concern
Tel: 0171 381 4711

Food Awareness Week

Start: 10/05/1999
End: 16/05/1999
Organisation: The British Dietetic Assoc
Tel: 0121 643 5483

National Cot Death Appeal Week

Start: 10/05/1999
End: 17/05/1999
Organisation: FSID (The Foundation for the Study of Infant Deaths)
Tel: 0171 823 2216

National Epilepsy Week

Start: 15/05/1999
End: 22/05/1999
Organisation: National Society for Epilepsy
Tel: 01494 601300

National Breastfeeding Awareness Week

Start: 16/05/1999
End: 22/05/1999
Organisation: Department of Health
Tel: 0171 972 5101

National Smile Week

Start: 17/05/1999
End: 23/05/1999
Organisation: British Dental Health Foundation
Tel: 01788 546 365

National Childcare Week

Start: 23/05/1999
End: 30/05/1999
Organisation: Daycare Trust
Tel: 0171 405 5617

Sun Awareness Week

Start: 01/06/1999
End: 07/06/1999
Organisation: Health Education Authority - Sun Know How Team
Tel: 0171 413 1975

Cancer BACUP Awareness Week

Start: 01/06/1999
End: 08/06/1999
Organisation: Cancer BACUP
Tel: 0171 696 9003

National Osteoporosis Month

Start: 01/06/1999
End: 30/06/1999
Organisation: National Osteoporosis Society
Tel: 01761 471771

Down's Syndrome Awareness Week

Start: 05/06/1999
End: 12/06/1999
Organisation: Down's Syndrome Assoc
Tel: 0181 682 4001

National Diabetes Week

Start: 06/06/1999
End: 12/06/1999
Organisation: British Diabetic Association
Tel: 0171 323 1531

National Tampon Alert Week

Start: 07/06/1999
End: 12/06/1999
Organisation: Tampon Alert
Tel: 0161 748 3123

Arthritis Research Week

Start: 07/06/1999
End: 13/06/1999
Organisation: The Arthritis and Rheumatism Council
Tel: 01246 558033

National Food Safety Week

Start: 07/06/1999
End: 13/06/1999
Organisation: Food & Drink Federation
Tel: 0171 836 2460

British Heart Week

Start: 12/06/1999
End: 18/06/1999
Organisation: British Heart Foundation
Tel: 0171 935 0185

Psoriasis Awareness Week

Start: 13/06/1999
End: 19/06/1999
Organisation: The Psoriasis Association
Tel: 01604 711129

Spinal Injuries Association Awareness Week

Start: 14/06/1999
End: 19/06/1999
Organisation: Spinal Injuries Association
Tel: 0181 444 2121

FROG Week (For Relief of Glaucoma)

Start: 14/06/1999
End: 19/06/1999
Organisation: International Glaucoma Association
Tel: 0171 737 3265

Alzheimer's Awareness Week

Start: 04/07/1999
End: 10/07/1999
Organisation: Alzheimer's Disease Society
Tel: 0171 306 0606

Sexual Health Week

Start: 02/08/1999
End: 07/08/1999
Organisation: Family Planning Assoc

Tel: 0171 923 5201

Migraine Awareness Week

Start: 06/09/1999
End: 12/09/1999
Organisation: The Migraine Trust
Tel: 0171 831 4818

National Meningitis Awareness Week

Start: 18/09/1999
End: 26/09/1999
Organisation: National Meningitis Trust
Tel: 01453 768000

National Eye Week

Start: 22/09/1999
End: 28/09/1999
Organisation: Eye Care Information Service
Tel: 0171 357 7730

National Eczema Week

Start: 25/09/1999
End: 02/10/1999
Organisation: National Eczema Society
Tel: 0171 388 4097

Stroke Week

Start: 27/09/1999
End: 03/10/1999
Organisation: Stroke Association
Tel: 0171 566 0300

Breast Cancer Awareness Month

Start: 01/10/1999
End: 31/10/1999
Organisation: Breast Cancer Care
Tel: 0171 384 2984

Muscular Dystrophy Week

Start: 02/10/1999
End: 10/10/1999
Organisation: Muscular Dystrophy Group
Tel: 0171 720 8055

National Asthma Week

Start: 03/10/1999
End: 09/10/1999
Organisation: National Asthma Campaign
Tel: 0171 226 2260

National Back Pain Week

Start: 04/10/1999
End: 10/10/1999
Organisation: National Back Pain Assoc
Tel: 0181 977 5474

World Mental Health Day

Start: 10/10/1999
Organisation: Health Education Authority
Tel: 0171 413 1991

Deaf Awareness Week

Start: 11/10/1999
End: 17/10/1999
Organisation: British Deaf Association
Tel: 01270 250736
Info: 0171 588 3520

Flu Awareness Week

Start: 19/10/1999
End: 25/10/1999
Organisation: ALMS (Assoc for Influenza Monitoring & Surveillance)
Tel: 0171 465 0609

National Osteoporosis Day

Start: 20/10/1999
Organisation: National Osteoporosis Society
Tel: 01761 471771

World Aids Day

Start: 01/12/1999
Organisation: The National Aids Trust
Tel: 0171 814 6767

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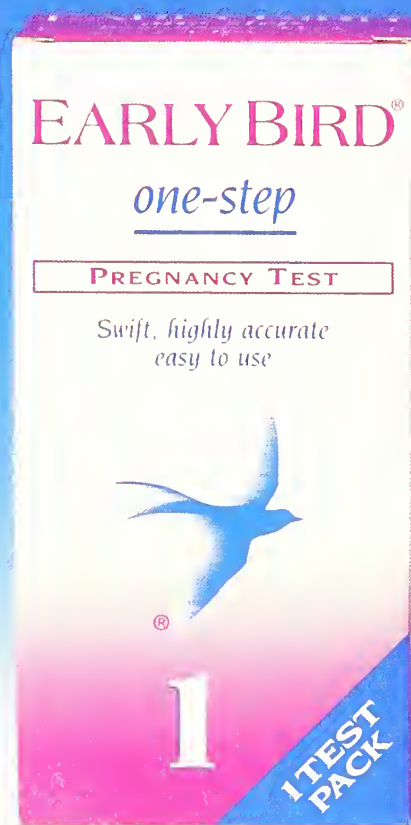
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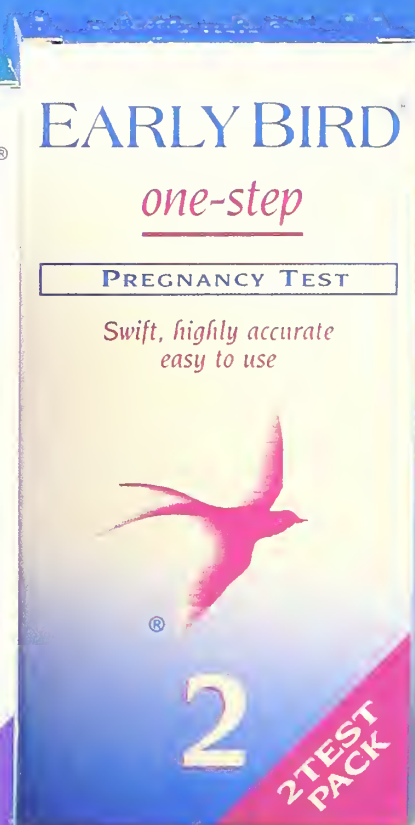
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PCA rights for Nomad and Multilex

Pro-Choice Applications has been given exclusive rights to Nomad for Windows for its Pharmacy computer system. It is also retaining Multilex as a data source, following the announcement of the National Common Drug Record.

PCA is building an interface for Nomad, the monitored dosage system, which should be completed next month. PCA managing director David

Rogers said: "Now our users have the facility to administer and dispense prescriptions for their nursing home contracts utilising the data and records from their Pharmacy system."

The price of Nomad for Windows to PCA Pharmacy users will be about £170 per licence, which PCA believes would be recovered "with just one single nursing home contract per year".

PCA said Multilex is the data

provider for almost half of the systems used by GPs, so the cross-provision of data to both the GP and the pharmacy sector "is the obvious route to establishing a common record and to enable the sharing and exchanging of information via electronic links".

Multilex data will be available to all existing and new users at no additional cost, said PCA, which can be contacted on 0114 275 5454.

Government has not forgotten aspirin 75mg and patient packs

Public health minister Tessa Jowell has indicated that the Government has not forgotten about the patient pack initiative and aspirin 75mg pack sizes.

In two written answers released this week, and delayed from mid-December, Ms Jowell says that responses to the recent consultation by the Medicines Control Agency on

packaging and labelling of medicines (MLX 247) "are being considered".

The consultation exercise specifically sought details of the impact of the proposals on the pharmaceutical industry, she said.

With regard to the calls to remove the pack size restrictions on aspirin 75mg, she said: "In line with statutory

requirements, expert advice is being sought from the Committee on the Safety of Medicines and public consultation will follow shortly after."

"An announcement will be made when the advice of CSM and the Medicines Commission and the responses to the public consultation have been considered."

Scottish pharmacists to be groomed for primary care leadership

Pharmacists are to be among those participating in a multidisciplinary primary care leadership development programme being run by Aberdeen University.

The university has been awarded £90,000 by the Scottish Office to deliver the programme in Aberdeen,

Edinburgh and Glasgow.

The course comprises 16 days of study over six months. It starts at the end of January and will include 54 people nominated by health boards.

"It's a leadership programme designed to develop the confidence of people who are likely to be the leaders

in primary care in Scotland in the future," said Dr Gordon Marnoch of the university's management studies department.

The programme is open to all disciplines, including GPs, nurses, professions allied to medicine, pharmacists and managers in primary care.

RPSGB takes global lead on health IT

The Royal Pharmaceutical Society is to contribute to the development of international standards in healthcare information technology.

The International Standards Organisation has asked for Society input in the areas of security and confidentiality, messaging, concept representation requests, and records and modelling. The Society has agreed to contribute "because of the importance of the standards to realising our strategy for the pharmacy profession," says Mr Shepherd.

The Royal Pharmaceutical Society has appointed Jean-Pierre Moser as head of its PR unit. Mr Moser was previously public relations manager at St Mary's NHS

Trust in Paddington. He was responsible for setting up and developing the Trust's PR and marketing plan. Mr Moser takes over on February 8 from Beverley Parkin, who is now director of public affairs at the Society



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1. Taylor Nelson Sofres - Counterpoint Q2 1998. 2. Independent Pharmacy Audit MAT July 1998. 3. Independent Pharmacy Audit MAT July 1998.

Chemist & Druggist
Quarterly Business
Trends Survey in
association with

UniChem



Delivering Healthcare

Few pharmacists expect any surprises in the government's promised strategy paper on community pharmacy, as Guy L'Aimable reports

Most pharmacists expect Frank Dobson, the health secretary, to support in-store fraud prevention checks on prescriptions in his forthcoming strategy paper, reports C&D's business trends survey for the quarter July-September.

Seventy-seven per cent of the panel expect the paper to endorse the checks. The Pharmaceutical Services Negotiating Committee agreed in its November pay settlement to £1.4 million to fund the checks.

Sixty-five per cent, meanwhile, also predict Mr Dobson will ask pharmacies to become more involved in health promotion; and just under half believe the paper will propose that pharmacists should provide prescribing/formulary advice to GPs and primary care groups.

The strategy paper is finally expected to be unveiled in spring.

Thirty-one per cent of the panel believe Mr Dobson will want to link pharmacies into the NHSnet and 20 per cent expect to see a limited prescribing list for pharmacists.

Not surprisingly, 78 per cent of the panel expect the discount clawback to grow even larger this year - only 7 per cent believe it will remain the same, while the remainder expect it

Paper chase

to fall. Each pharmacy, on average, will repay just over £6,000 clawback for 1989/99, following the discount inquiry report.

The millennium looms

With press reports already discussing a doomsday scenario in 2000, the panel's response confirms that too many pharmacists have not yet tackled the millennium bug problem. Half of the panel, for example, have not verified that their till/EPOS systems are year 2000 compliant. And 46 per cent have not verified their burglar/fire alarms.

On the plus side, 85 per cent of the pharmacists have ensured their dispensary computer systems will not crash. It is disturbing to consider those that have not - the ratio, if extrapolated nationwide, would represent around 1,800 outlets.

Independents' preparations tend to be far worse than multiples. For example, 62 per cent of the smallest outlets, whose turnover is less than £350,000, have not sorted out their

till/EPOS systems and their burglar/fire alarms.

The panel confirms that shortline wholesalers are picking up more pharmacy customers. Nearly three-quarters of the pharmacists say that 0-15 per cent of their ethical purchases are bought through shortliners. Nine per cent of the panel buy 16-20 per cent of their ethicals from shortliners, and 10 per cent say shortliners account for more than 20 per cent of their orders. Some of the panel refused to give information on this area.

While more pharmacies are installing private consultation areas, the panel's results suggest that the concept is still taking time to percolate throughout the industry. Only just over a quarter of the panel have these areas. However, 85 per cent provide seating for waiting patients.

Not surprisingly, 89 per cent display health information within the dispensary area, while 70 per cent display impulse purchase lines and 69 per cent have GSL medicine fixtures. Only 25 per cent have a fixture for

vitamins, minerals and supplements near the prescription point.

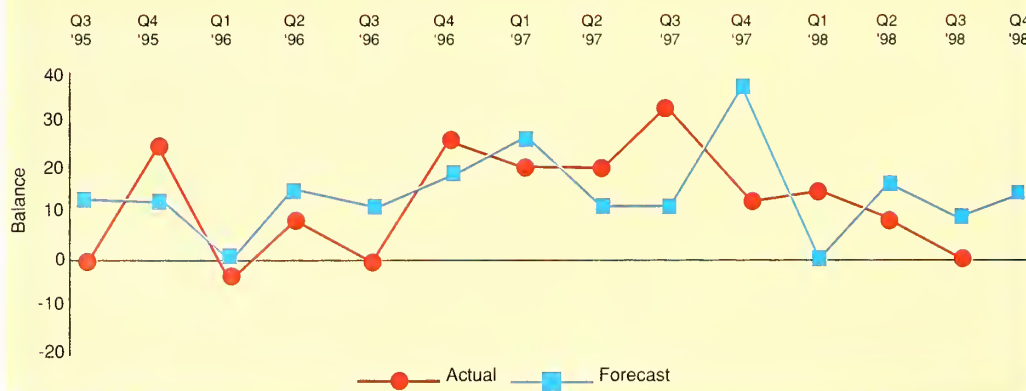
The situation on pharmacy sales turnover, excluding NHS sales, depends on whether you regard the proverbial glass as half full or half empty. Thirty per cent of the panel say their sales grew, compared with the same period last year, 38 per cent saw no change, and 32 per cent saw lower sales.

Regional differences were fairly striking. Sales fell among 44 per cent of the panel in north-east England, while only 28 per cent enjoyed a rise. In contrast, 42 per cent of pharmacists in south-east England increased their sales, while 25 per cent saw a drop.

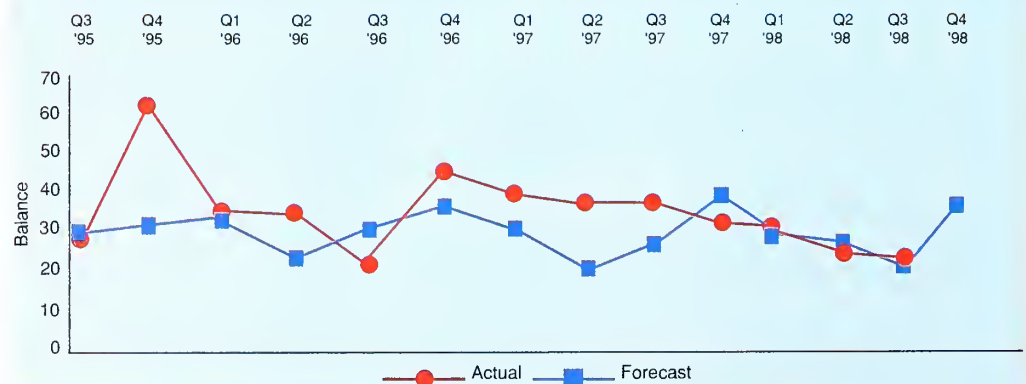
Most pharmacists were expecting better results in the peak fourth quarter period. Forty-one per cent of the panel expect an increase in sales then, while 36 per cent expect no change. The most optimistic are in south-east England, where 54 per cent expect higher sales.

Pharmacists continue to deal with

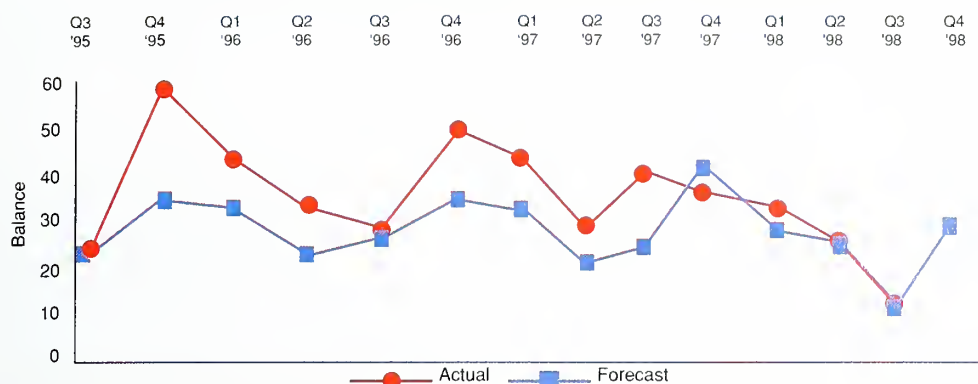
Actual vs forecast trends in sales turnover (excl NHS prescriptions)



Actual vs forecast trends in sales of OTC medicines



Actual vs forecast trends in sales of Analgesics



more NHS prescriptions - 51 per cent of the panel say the volume of prescriptions grew during the quarter, while only 16 per cent saw a fall. The best performers were in Scotland, where 68 per cent of the panel enjoyed an increase. Only 35 per cent of pharmacists in the Midlands, however, dealt with more prescriptions - nearly a quarter say the volume fell.

Nearly half of the total panel expect prescriptions to rise again in the next quarter, while 34 per cent expect no change.

OTC medicines remain a source of comfort. Forty-four per cent of the panel say their sales rose and 40 per cent saw no change. Larger outlets, whose turnover exceeds £1 million, fared better than most. Half of them increased their sales and none of them suffered a drop. Fifty-seven per cent of them expect higher sales in the next quarter.

The star regional performer was north-east England, where 75 per cent of the panel increased their sales.

More than half of pharmacists in the survey expect their OTC sales to rise in the fourth quarter, while only 6 per cent forecast a drop.

More than a third of the panel, meanwhile, increased their analgesic sales and 45 per cent reported no change. Forty per cent forecast higher

sales in the next quarter and 42 per cent expect no change.

Photoprocessing brought a mixed result. While 30 per cent of pharmacists increased their sales, just under a quarter reported a drop. Thirty-five per cent of the smallest outlets increased their sales and an equal number suffered a fall. In contrast, 36 per cent of large outlets increased their sales, while 14 per cent saw a drop.

Sales of indigestion/stomach upset remedies and vitamins are similarly mixed. About a quarter of pharmacists say their sales rose in both categories, but 15 per cent report lower indigestion/stomach upset remedies sales, rising to 30 per cent for vitamins.

As expected, 41 per cent of the panel forecast sales of indigestion/stomach upset remedies to grow in the next quarter. Baby care remain relatively disappointing - while 21 per cent of pharmacists say their sales rose, 34 per cent saw a drop.

Those perennially poor performers - toiletries, cosmetics and fragrances - remain bottom of the performance league. Twenty-eight per cent of the panel report a drop in toiletry sales, rising to 36 per cent for cosmetics and 51 per cent for fragrance.

All three categories, however, are expected to perform more respectably around Christmas.

Stock levels seem to be rising.

Forty-eight per cent say their stock value has grown and a similar number expect a rise in the next quarter.

Retail margins paint a familiar, gloomy picture. Forty-three per cent of the panel say their margins fell, while only 7 per cent report a rise. Forty-six per cent expect their margins to be lower again in the next quarter, rising to 61 per cent of pharmacies in north-east England.

But some pharmacists remain optimistic about their own businesses. Twenty-seven per cent feel confident about the next quarter and that ratio remains broadly similar over the next 12 months. However, 22 per cent feel pessimistic about the next three months, rising to 33 per cent

over the next six, and 41 per cent over the next 12.

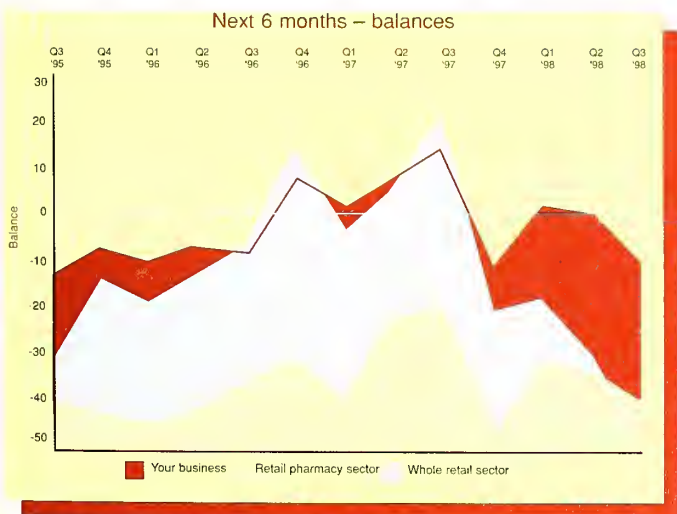
As usual, the panel feel less confident about the retail pharmacy sector - 40 per cent are pessimistic about its prospects over the next three months, rising to 48 per cent over the next six and 51 per cent over the next 12 months.

Given the growing alarm over retail sales last autumn, the panel saw little to cheer about regarding the overall retail sector. More than half of the pharmacists feel pessimistic about the sector over the fourth quarter, rising to 57 per cent over the next six months and 60 per cent over the next 12.

Although 24 per cent of the panel had been approached to sell their business, only 13 per cent had accepted. 54 per cent had rejected them, and 33 per cent were still considering.

● Questionnaires were sent out to 500 members of the C&D retail business panel, 162 replied

● Sixty-three per cent of respondents were independents and the rest multiples. Sixteen per cent were pharmacists whose turnover was less than £350,000; 24 per cent had £350,001 - £500,000; 43 per cent had £500,001 - £999,999; 7 per cent had more than £1 million; 1 per cent exceeded £2m and 9 per cent did not state their turnover



Pharmacists remain pessimistic about the prospects for the sector, but more optimistic about their own businesses

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UniChem to promote Numark to its 4,500 customers

UniChem will be promoting Numark to the 4,500 independent pharmacies who are its first-line customers, and will be offering the full Numark programme from all its depots.

The wholesaler previously distributed to Numark members out of its depots in Leeds, Livingstone and Newcastle-Upon-Tyne.

David Wood, Numark's marketing director, said the deal reflected its retail focus. "When we restructured Numark [about five years ago], we wanted to be a retailer, not a wholesaler, so that we could pick whichever distributor we wanted. That's what we're doing now."

Terry Norris, managing director, said Numark will benefit from UniChem's large sales force which will detail its benefits to pharmacies. "We could recruit between 300 and 1,000 UniChem pharmacies ... everything we're doing has to be available to every independent pharmacy in the UK."

Numark plans to have 2,000 members by December 2000 - it currently has 800, representing 1,200 outlets. It will shortly run a series of recruitment evenings in addition to those it has scheduled with its distributors.

Mr Norris said that sheer membership numbers, while important, were not the absolute answer because no-one knew how many pharmacies would exist in future.

He stressed that Numark would still treat all its wholesalers equally.

Martyn Ward, UniChem's sales and marketing director, said the deal would bring financial benefits because Numark pharmacies were better than average customers. "A Numark shareholder is more profitable to a wholesaler than an ordinary pharmacy, who would deal more with a shortliner."

He added that some pharmacists who are members of UniChem's Community Pharmacy Initiative (CPI) could switch to Numark, but said the wholesaler would not mind. "If some CPI members feel the Numark scheme is what they want, that's fine by us. What we don't want is CPI members switching, then saying they want to return to CPI," he said.

There would not be a conflict of interest between UniChem running CPI and promoting Numark because "Whichever scheme strengthens independent pharmacy is one that UniChem will want to support."

Nucare, Numark's closest rival, has close ties with AAH Pharmaceuticals. Veni Harania, Nucare's managing

director, would not comment on whether he will push for a similar deal with AAH. "We don't have any plans, but we will be reviewing our position in the light of this development," he said.

Michael Ward, AAH's chief executive, said UniChem's arrangement was "a bit odd because it is offering a facility to a third party when it should be developing its own offering".

Numark's regional wholesalers feel it has put itself in an awkward position. Gareth Headley, Mawdsley Brooks' marketing manager, said he appreciated how Numark would benefit from UniChem's patronage.

"However, since Numark aims to enable its independent members to compete with the national multiples, it must have been a difficult decision to accept UniChem into the fold. It will be a considerable challenge for Numark to reconcile the more obvious conflicts and to then reposition itself alongside a currently competing retail chain," he said.

Penrith-based Border Chemists Alliance questioned the principle of



Terry Norris, Numark's md, believes the UniChem deal could boost its membership by 300-1,000 pharmacies

the deal. Phil Jobson, a non-executive director, said he "would question the independence of Numark if it was going to use UniChem. Numark has always sold itself as supporting independent pharmacies - UniChem is certainly not independent".

Numark may say it is not going to discriminate against any wholesalers, he added, but the deal shows "Numark is sitting on the fence and it is not supporting independent pharmacy any longer. It is a commercial concern and will act in the interests of its shareholders - the fact that these are independent pharmacies is incidental."

BCA, however, will continue to use Numark when there are commercial benefits.

IN BRIEF

Retailer anti-crime guide

The British Retail Consortium has launched a guide that advises retailers how they can work with police and other agencies to cut crime in town, city and shopping centres. It looks at the co-ordination of public CCTV, radio links, photographs, information and exclusion order schemes, and builds on work carried out over the past three years to establish these schemes. Copies are available from Mike Schuck, assistant director for retail crime, tel: 0171 647 1521.

Elan Pharma on the move

Elan Pharma, which includes Athena Neurosciences, is moving to a new address on January 18: Elan Pharma, Elan House, Avenue One, Letchworth, Herts SG6 2HU (tel: 01462 707200).

Sales weak in December

Pharmacy sales were relatively weak in December - 14 per cent of pharmacies said their sales were higher than in the same month in 1997, according to the Confederation of British Industry's latest distributive trades survey. Overall retail sales also rose slightly during the month.

Roche becomes an AAH 'category captain' in VMS

AAH Pharmaceuticals has teamed up with Roche to set up a category management programme for vitamins, minerals and supplements in Vantage pharmacies.

Roche is one of five 'category captains' the wholesaler is creating to drive OTC sales (C&D November 14, 1998, p49). Steve Dunn, AAH's marketing director, said pharmacists could not ignore the VMS market. It is expected to be worth £325 million this year and is still growing.

The two companies have conducted a three-month pilot in a small number of pharmacies. Their sales rose so much, he added, that the pilot was extended to 85 Vantage Refresh pharmacies throughout the UK.

"We wanted to confirm how category management can work for pharmacy and how it could be used to grow VMS sales all year round," said Mr Dunn. "We also wanted to know how much the consumer really knows about which products do what, and how they work together."

Each pharmacy displayed 50 core products with appropriate signage



Steve Dunn, AAH's marketing director: pharmacists cannot ignore the VMS market

and product segmentations. Vantage staff were trained on the benefits of each product so that they could advise consumers.

After three months, the pilot pharmacies were compared with other Vantage outlets. Both groups had similar VMS trends and both had a 'buy-in' period towards September.

But pharmacies not involved in the pilot saw sales drop after the winter buy-in, whereas the pilot outlets enjoyed increased sales. "Sales through the 85 pilot stores were 17.5 per cent up on control sites during the three-month test," said Mr Dunn.

The project is being rolled out to all Vantage Refresh pharmacies - AAH plans to re-merchandise 700 stores by the end of this year.

Positive result for pharmacy system computer firm

Positive Solutions, which supplies computer systems to pharmacies, reported a pre-tax profit of £50,000 on a turnover of £1.2 million for the year to December 31.

The company, based in Brinscall, Chorley, said its profits were a "significant improvement" on the previous year, even though it had to battle against falling prices, reduced margins and stiff competition.

Positive Solutions is working on several programmes this year, including:

- a loyalty scheme which is fully integrated into its Analyst EPoS system
- a visual card that uses thermochromic technology to display messages on its surface
- touch-screen technology for its Windows-based EPoS system
- electronic shelf edge labels which can be changed instantly
- hand-held terminals to offer services such as stock checking
- 3D data mining that enables the user to make reports about the pharmacy outlet or group.

The company was formed five years ago by ex-John Richardson Computers staff.

Moss now takes American Express ...

Moss Chemists has decided to accept American Express (AmEx) credit cards in all of its stores except two.

It joins other major pharmacy chains that are fully committed to the relatively exclusive card. Lloyds Pharmacy accepts AmEx in 1,000 of its 1,200 outlets. The remainder will be accepting the card by the end of the first quarter. Boots the Chemists also accepts AmEx cards in all outlets.

Neal Hendrie, Moss' finance director, said AmEx wanted to deal with it because its outlets are spread throughout the UK. He admitted that AmEx did

not seem a natural choice for pharmacies, but Moss would receive numerous benefits.

"It's a way of attracting people who are not normally our customers into our pharmacies," he said. "A significant number of people who come into this country from the US have AmEx cards. If they fall ill, they want access to a pharmacy - and 30 per cent of AmEx cardholders don't have other credit cards," he said.

A number of UK companies, he added, also give AmEx cards to staff for corporate accounts.

There are about 29.5 million AmEx cardholders in the US and 13.5 million elsewhere. The UK has more AmEx cardholders than any other European country - exact figures are not disclosed.

"Pharmacies should be open to everyone, not just certain groups. These people [AmEx card holders] might not know what Moss Chemists is about," he said.

AmEx will be advertising Moss. Anyone entering the UK, for example, will be given a leaflet saying the pharmacy chain now accepts AmEx cards.

AmEx's database is also available to Moss. "We could do a promotion and identify a region in which to run it. AmEx could help us by arranging mail shots in that region," said Mr Hendrie.

In February Moss will give a free razor to every AmEx cardholder who buys something from its stores.

While AmEx's fees are double those of Access or Visa, he added, the benefits made that expense worthwhile. Mr Hendrie believes that independent pharmacies, particularly those in affluent areas, could also benefit from accepting AmEx cards.

UK's first product recall company is born

Precision Database Marketing (PDM) has set up a new company called Precision Recall Services (PRS) to offer a 'rapid response' product recall service for pharmaceutical manufacturers in the UK.

PDM says this was the first time such a company had been set up. It already handles recall notification mailings, but says manufacturers have been calling for clearer methods of communication during the recalls.

David Thrower, PRS' managing part-

ner, says: "Companies that have had recalls have said they're a nightmare because they are geared up to producing and selling products. They are not used to doing things in reverse, and going through a host of procedures such as batch reconciliation."

The haphazard timing of medicine recalls - which are currently running at more than 50 a year - also leaves firms' management with little time to handle the crisis.

PRS, based at PDM's offices in Bury St Edmunds, has eight staff, including regulatory and technical specialists to offer a service throughout the year, 24 hours a day.

The new company is working with Healthcare Logistics, which will collect and reconcile defective products or batches from wholesalers and other

major customers. Healthcare Logistics has 100 clients in the pharmaceutical industry and is said to be the 'preferred' in-bound carrier to the major wholesalers, retailers and hospitals.

PRS also has access to the National Pharmaceutical Association's pharmacy database, while its own database includes all superintendent pharmacists and responsible persons who need to be contacted during a recall.

The company can review manufacturers' product complaint and recall procedures. It can also help develop standard operating procedures, based on the recommendations of the Medicines Control Agency and the wholesale and manufacturing industries.

PRS has signed up six manufacturers and is talking to others.

Seton Scholl pays Warner Lambert £5.9m for Remegel brand

Seton Scholl Healthcare has acquired Remegel, a treatment for acid indigestion and heartburn, from Warner-Lambert for £5.9 million.

For the year to December 31, 1997, the brand earned unaudited operating profits of about £1.7m.

SSH will be acquiring the brand's goodwill in the UK and Ireland, and its trademarks throughout Europe.

SSH's fee includes £5.15m, which will be paid when the deal is completed, £750,000 deferred, and payment for equipment. The company is also paying an additional £100,000 for stock.

Iain Cater, SSH's chief executive, said Remegel was an ideal fit for the company's OTC portfolio.



David Thrower,
managing
partner for
Precision
Recall
Services

COMING EVENTS

MONDAY, JANUARY 18

Oxford and Chiltern Branches, RPSGB

The Chiltern Lecture in the lecture theatre of Astra Pharmaceuticals, Kings Langley, Herts, 7 for 8pm. 'Unzipping the Gene'.

Bromley Branch, RPSGB

Postgraduate Education Centre, Queen Mary's Hospital, Sidcup, 7 for 8pm. 'Skin and Nail Infections'.

TUESDAY, JANUARY 19

Bath Branch, RPSGB

Pratts Hotel, Bath, 8pm. 'Depression and Anti-depressants'. Buffet available after the meeting.

Bristol Branch, RPSGB

Gloucestershire County Cricket Club, Nevil Road, Bishopston, Bristol, 7.30 for 8pm. 'Addressing the Dilemmas in Medical Ethics'.

Fife Branch, RPSGB

Dunniker House Hotel, Kirkcaldy, 7.45pm. 'Stand by your Gran - Alzheimer's, Dementia and CJD'.

WEDNESDAY, JANUARY 20

East Metropolitan Branch, RPSGB

Wanstead Library, Wanstead, E11, 7.30 for 8pm. 'Birth in the East End 1800-2000'.

Edinburgh and Lothians Branch, RPSGB

Internet at the Cybercafe, 7 to 10pm. Sponsored by SmithKline Beecham.

Birkenhead & Wirral Branch, RPSGB

'Around the walls of Chester'. A slide show by Mr Colin Ratcliffe.

THURSDAY, JANUARY 21

Weald of Kent Branch, RPSGB

Postgraduate Centre, Kent & Sussex Hospital, 7.45 for 8pm. A social and business meeting.

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TRADE LESS 30%+VAT - 6x8 Zofran 8mg tablets (exp 01), 170x Megace 160mg tabs (exp 01). Tel: 0151 922 3932.

TRADE LESS 25%+VAT - Sandostatin

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TRADE LESS 30%+VAT - 95 x Capoten 25mg (exp 12/00), 5x56 Monit 20mg (exp 10/00), 1x7 Diflucan 200mg (exp 05/00). Tel: 0171 405 1039.

TRADE LESS 50%+VAT+postage - 20x10

Paracetamol suppos 500g (exp 01/00). Tel: 0161 443 1416.

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TRADE LESS 30%+VAT+p&p - 100 Rocaltrol 0.5mcg (exp 03/01), 30ml Zineryt solution (exp 4/00), 32 Paroven (exp 10/02), 4x10x15g Intrasis gel (exp 05/01), 84 Fenbuten 300mg (exp 9/00), 2x28 Premique (exp 04/01), 28 Soneryl 100mg (exp 09/02), 28 Voltalar 25mg (exp 04/03), 28 Zestril 5mg (exp 04/02). Tel: 01963 250259.

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Can anyone beat 44 years as an LPC member?

Anyone who has served on a local pharmaceutical committee for 44 years deserves a medal ... or something! So it was only right that Cornwall & Isles of Scilly LPC did the decent thing and gave the man an award for services rendered, which it did at an extraordinary meeting at the end of last year.

The man in question is John Hendra, who served the committee as secretary for all but four years from 1948 to 1992. A fellow of the Royal Pharmaceutical Society and one time chairman of the National Pharmaceutical Association, 83-year-old Mr Hendra has handed over his Truro pharmacy to his son Simon, who now also sits on the LPC.

But Mr Hendra is not alone in being a long serving LPC member. Robert Johns of Wadebridge served on the Committee from 1964 until 1998. He was also a member of the Cornwall & Isles of Scilly Family Health Authority from 1991 to 1997, and is chairman of the bench at Bodmin Magistrates Court.

Bill Williams, from St Austell, was an LPC member for a mere 13 years. A health authority member for eight years in the 1980s, he is a magistrate and chairman of the East Powder Bench. Senior IHA members made the presentations.



Left to right: IHA chief executive Ron Spencer, Robert Johns, John Hendra, HA chairman Richard Lingham, Bill Williams, and Chris Paxman, chairman of the LPC

The Daily Telegraph



Pharmacists read the Indy

At least four pharmacists read *The Independent*. How do we know? Well, Dr Fred Kavalier who has a health column in the newspaper humbly apologised on Tuesday for confusing terfenadine with terbinafine. He had been contacted by three pharmacists who questioned his advice on treating fungal nail infections.

"I am grateful to these eagle-eyed readers. This is not the first time that pharmacists have put me right, and I doubt it will be the last," he writes. Good on yer, Dr Kav.

Oh, the fourth pharmacist reader was the one who drew it to our attention.

APPOINTMENTS

Pharmacist **Kay Roberts** has been appointed to the Government's Advisory Council on the Misuse of Drugs. Mrs Roberts, who is the area pharmacy specialist for drug abuse in Greater Glasgow NHS Trust, joins the panel of 37 members along with **Alan Hunter**, secretary of the Association of the British Pharmaceutical Industry. The Council is chaired by **Professor Sir Michael Rawlins**, knighted in the New Year Honours list.

Wholesaler Mawdsley has strengthened its commercial team with the appointment of **Paul McAllister** as sales manager for the group. He joins after 12 years with Yardley, where for the past four years he has been national sales manager

responsible for the pharmacy sector. A&H Hospital Service has appointed **Warwick Smart** to the newly created position of supplier development manager. He will manage new and existing supplier relationships and identify new opportunities. **Jennifer Antzoulis** has been appointed as a marketing executive to support and develop commercial activities. **Lynda Wight** has been appointed general manager of the British Institute of Regulatory Affairs and the European Society of Regulatory Affairs. She has a regulatory background both in the industry and CRO sectors and is a fellow, and one time board member, of the Institute.

Anyone seen Norm?

Pharmacy leaders must be keeping their fingers crossed that the bane of pharmacy has retired.

Last Tuesday, keen viewers of unsavoury pharmacists tuned in to watch the return of ITV's *Peak Practice*. But where was ol' misery guts, hypochondriac pharmacist Norman Shorthose? Was his heart attack, which delayed the good doctor being jilted at the altar, the gentle way out for Norm? No doubt he would otherwise have ended up before the Stat Comm for being a tad indiscreet about his patients' ailments.

During the last series, such was the convincing portrayal of the shambling pharmacist by actor Clive Swift that the Royal Pharmaceutical Society intervened to get the script rewritten by the end of the series. But the omens don't look good. Mr Swift was not in the credits listed in the *'Radio Times'* for the first programme of the series. Is it a case of Norman Shorthose RIP?

Who's a lucky girl, then! Katic Wilson, product manager at Stafford Miller, has obviously been doing her homework. Of the guests gathered at a Taylor Nelson Sofres thrash at the Apothecaries Hall just before Christmas, she was the only one to identify ten specially selected healthcare ads which appeared in the medical press in 1998. Her prize was a case of wine which she is seen here receiving from Jane Emmett and John Sanders of TNS



Lies, damned lies and a prospectus

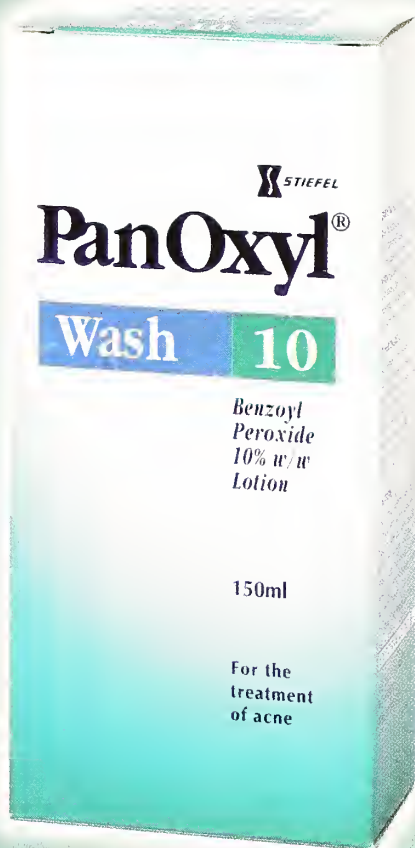
Could Liverpool John Moores University have pulled the marketing coup of the year and made pharmacy slightly more appealing to students?

Possibly, if an article in *The Sunday Times* is to be believed. Making references to Club 18-30, the newspaper suggested that the university's prospectus is set to indirectly embarrass the Government - Cherie Blair/Booth is to become the university's chancellor this month - due to its "apparently thinly veiled allusion to drugs". On the page about the pharmacy and chemistry course a picture of tablets carries the message in the jargon of the drugs world: "for a reaction, contact tel no ...".

Two pharmacy undergraduates were also interviewed and their identities given - presumably the milk round has been and gone. The first admits to going to pubs and clubs at least five times a week, but only to attending about half of the course lectures and practicals. "For single men [the university] can be a haven for one-night stands," he is reported as saying.

His friend is reckoned to spend £250 a month on "beer, cigarettes and clothes". *Plus ça change, plus c'est la même chose ...*

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Prescribing Information. PanOxyl Wash 10. **Presentation:** PanOxyl Wash 10 is a lotion containing benzoyl peroxide 10.0% w/w. **Uses:** For the treatment of acne vulgaris. **Dose and method of administration:** Wet the affected area with water and wash thoroughly with PanOxyl Wash. Rinse well with warm water, then rinse with cold water. Pat dry with a clean towel. Use once a day. **Contra-indications:** Patients with a known hypersensitivity to any of the ingredients. **Caution:** Avoid contact with the eyes, mouth and other mucous membranes. Care should be taken when applying the product to the neck and other sensitive areas. The product may

bleach dyed fabrics. Keep out of reach of children. **Side Effects:** On normal use, a mild burning sensation will probably be felt on first application and a moderate reddening and peeling of the skin will occur within a few days. During the first few weeks of treatment a sudden increase in peeling will occur in most patients; this is a temporary effect and will normally subside in a day or two if treatment is temporarily discontinued. **Legal Category:** P. **Price:** 150 ml, £7.05. **Product Licence Number:** PL 0174/0046. **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Holspur Lane, Woburn Green, High Wycombe, Bucks, HP10 0AU. **Date of Information:** October 1990.



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preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension, severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when

using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reaction. Occasionally, tachycardia. Other systemic effects may result either to using patches or smoking cessation: nausea, stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve on continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21mg (Step 1) 00079/0347; NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9JL. **U.K. Pack size and RSP:** All strengths 7 patches £1. **Date of preparation:** November 1998. **NiQuitin CQ, CQ, Committed Quitters** are trade marks.